

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

MARVIN KURT NATION, #141669,)
)
Plaintiff,)
vs.) CIVIL ACTION NO. 2:06-CV-693-ID
)
WILLIE AMBERS, et al.,)
)
Defendants.)

**ANSWER AND SPECIAL REPORT
Of DEFENDANT
OFFICER WILLIE AMBERS
TO PLAINTIFF'S COMPLAINT**

Comes now Defendant Officer Willie Ambers, by and through counsel, and files this Answer and Special Report to Plaintiff's Complaint.

This Special Report and Answer is filed solely on behalf of Defendant Officer Willie Ambers. Warden John Nagle and "Kilby Correctional Facility" and "Elmore Correctional Facility" have previously been dismissed from this law suit. The fifth identified defendant is a "PHS Dr. Robbins", who is not employed by the Alabama Department of Corrections, and the claims alleged against this defendant are "inadequate medical care". The Alabama Department of Corrections does not provide medical services to inmate. They are provided under contract to a company known as "PHS".

As directed, Defendant has undertaken a review of Nation's claims to determine the facts and circumstances relevant thereto. Defendant's Report is supported by the entire certified

Institutional Incident Report of the incident complained of by Plaintiff (see Exhibit "A"), which includes the entire report and point of impact diagram of the investigating Alabama State Trooper.

PLAINTIFF'S ALLEGATIONS

1. The Plaintiff is an inmate in the Kilby Correctional Facility. Nation alleges that, on September 21, 2004, while he and other inmates were working on a roadway litter detail on Highway 231, Troy Highway, in Montgomery County, he was caused to be seriously injured in an automobile accident on the side of the roadway due to these Defendants' "deliberate indifference".
2. Inmate Nations goes on to allege that another defendant identified as "PHS Doctor Robbins" provided inadequate medical care by failing "to attend to plaintiff serious medical needs".
3. Plaintiff seeks "to have defendants in their individual capacity to pay for his pain, suffering, life threatening injuries, and the permanent injuries he now has."
4. It should be noted that Plaintiff has filed a motion dismissing defendant Warden John Nagle, which is not opposed by these defendants.

INVESTIGATION

On September 21, 2004, Officer Willie Ambers was assigned as Road Squad Officer on Highway 231 North, Troy Highway, in Montgomery County, Alabama. Officer Ambers had a crew of nine (9) inmates assigned to him to perform litter control.

At approximately 1:25 PM, in order to give the inmates a water break, Officer Ambers parked the van well off the roadway on the northbound side of Highway 231, Troy Highway, at

mile marker 164. Seven (7) inmates, including the plaintiff, were inside the van along with Officer Ambers, and two (2) inmates were standing outside the van.

Without warning, and due to no fault of any defendant, a northbound motorist left the roadway and traveled approximately 168 feet, without braking or performing any evasive maneuvers, striking the rear of the ADOC van as well as the two (2) inmates who were standing outside the van (see Trooper accident report). It is significant to note that the Trooper's investigation revealed that the driver completely left the roadway and traveled the entire 168 feet to the point of impact while completely off the roadway. In other words, the accident was not a "sideswipe" accident, which would have been the case if the van had been parked close to the roadway and the striking vehicle had just strayed close to the shoulder and struck the van because it was parked too close to the roadway (see Trooper accident report).

The striking vehicle driver stated that he had no memory of leaving the roadway or what caused him to do so.

As a result of this accident, several of the inmates, as well as defendant Officer Willie Ambers, received serious injuries and all were transported to Baptist South Hospital as soon as possible to receive medical treatment.

DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

1. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
2. The Defendants plead the general issue.
3. The Plaintiff's Complaint fails to state a claim upon which relief can be granted.
4. The Plaintiff is not entitled to any relief requested.

5. The Defendants plead the defense of qualified immunity and aver that any purported action taken by any of them was reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.
6. The Defendants are entitled to qualified immunity and avers it is clear from the face of the complaint that the Plaintiff has not alleged specific facts indicating that any Defendant violated any clearly established constitutional right.
7. The Defendants cannot be held liable on the basis of *respondeat superior*, agency, or vicarious liability theories.
8. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.
9. The allegations contained in the Plaintiff's Complaint against the Defendants, fail to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F. 2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Education Of Escambia County, 880 F. 2d 305, 309 (11th Cir. 1989).
10. The Defendants plead all applicable immunities, including but not limited to qualified, absolute, discretionary function immunity, statutory law enforcement immunity, and state agent immunity.
11. The Defendants were at all times acting under the color of state law and therefore, they are each entitled to substantive immunity.
12. This court lacks subject matter jurisdiction due to the fact that even if Plaintiff's allegations should be proven, the allegations against these Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights.

13. All claims of the Plaintiff against these Defendants in their official capacity are barred by the Eleventh Amendment to the United States Constitution.
14. The Defendants plead the affirmative defense of contributory negligence and assumption of the risk.
15. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e (a) and as such these claims should be dismissed.
16. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against any of them and that any such award would violate the United States Constitution.
17. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing *in forma pauperis* actions in federal court.
18. Pursuant to 28 U.S.C. § 1915 A, this court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendants who are state officers entitled to immunity as provided for in 42 U.S.C. § 1997 (e) (c).

ARGUMENT

The Plaintiff (hereinafter referred to as "Nation") sues this Defendant apparently on an 8th Amendment theory for "deliberate indifference," under 42 U.S.C.A. 1983. He apparently asserts that Defendant Officer Willie Ambers is supposed to have a crystal ball and know that a driver is going to leave the roadway and travel 168 feet, striking the rear of the ADOC van. In support of his claim, the only thing that Plaintiff offers to establish "deliberate

indifference”, is his assertion that he had asked Officer Ambers several times to “take them back to Elmore”.

Nation then makes reference to Officer Ambers “...neglecting his duties as a Supervisor...”

EIGHTH AMENDMENT

Since Nation specifically asserts “deliberate indifference” as a “grounds” for his law suit, these defendants take his claims solely as an Eighth Amendment “cruel and unusual punishment” claim.

The language of 42 U.S.C. § 1983 requires proof of a causal connection between the purported actions or omissions of the Defendants and any constitutional deprivation. Jones v. Pruett & Mauldin, 851 F. 2d 1321 (11th Cir. 1988). The requisite causal connection may be shown by the personal participation of these Defendants, a policy or custom established by these Defendants that resulted in a deliberate indifference to the plaintiff's rights. Zatler v. Wainwright, 802 F. 2d 397 (11th Cir. 1986). Inasmuch as this needs to be proven, Nation's complaint completely fails under the criteria set out in *Zater*.

Further, the complaint fails to allege a causal connection between the purported actions or omissions of Officer Ambers and the alleged damages of Nation.

In construing cruel and unusual punishment clause of the Eighth Amendment, the court must confine its inquiry to whether conditions of confinement “shocked the conscience,” are greatly disproportionate to offense, or offend evolving notions of decency. U.S. v. Thevis, 526 F. 2d 989 (CA 5 1976). Appropriate relief from prison conditions that violate Eighth Amendment is to require discontinuance of any improper practices or to require correction of any condition causing cruel and unusual punishment. Fernandez v. U.S., 91 F. 2D 1488.

Two part analysis governs Eighth Amendment challenges. First a prisoner must prove that the conditions that he complains of are sufficiently serious to violate the Eighth Amendment, and second, under the "subjective component" the prisoner must show that the defendant prison officials acted with sufficiently culpable state of mind with regard to the condition at issue. Nation's claims fail on both parts.

The simple truth of the undisputed facts of this case are that Officer Ambers was safely pulled off the roadway and giving the inmates a water break, when a driver, for reasons that are not known, drove off the roadway and traveled 168 feet and struck the rear of the ADOC van. Absolutely nothing that Officer Ambers, Warden Nagle did or failed to do, caused that driver to veer off the roadway and strike the van. Nothing asserted by plaintiff rise to the level needed to suggest cruel and unusual punishment. The evidence of the Defendants clearly refutes Nation's conclusory claims. Nations also fails to establish the subjective component of any defendant to raise proof that any had the necessary culpable mental state.

Plaintiff has failed to demonstrate facts which rise to the level of a constitutional deprivation.

In order to succeed on a claim that prison [working conditions] violated the Plaintiff's Eighth Amendment rights, Plaintiff must first prove that conditions were, objectively, sufficiently serious, and that the Defendant acted with sufficiently culpable state of mind so as to constitute deliberate indifference to Plaintiff's health or safety by acting or failing to act despite knowledge of such substantial risk of serious harm. *Stephens v. Johnson* 83 F3d. 198 (8th Cir.1995).

The Supreme Court, in the case of *Wilson v. Seiter*, 501 U.S. 294 (1991) at 301-05, in discussing the “deliberate indifference” standard, stated that prison officials mere negligence does not equal deliberate indifference.

See also *Riccardo v. Rausch*, 375 F.3rd 521, 525-27, which holds that a prison officials’ failure to alleviate a significant safety risk did not rise to the level of deliberate indifference. The Riccardo court held that even if a jury could conclude that the official should have known of the risk, “reasonableness” is a negligence standard, and negligence does not give rise to an 8th Amendment claim.

A negligent act or omission will not support a claim under Section 1983. *Ray v. Foltz* 2004 WL 1144698 (11th.Cir. May 24, 2004). See also *Taylor v. Ledbetter*, 818 F2d. 791, 794 (11th.Cir. 1987).

Plaintiff’s complaint itself recognizes that the duties of these defendants were those of a supervisory nature, only. If at all, this claim is based upon the theory of *respondeat superior*, which is unavailable under Section 1983. *Farrow v. West* 320 F3d. 1235 (11thCir.2003).

The Plaintiff does not, with any specificity, allege any actions or inaction on the part of these Defendants which would subject them to liability under 42 U.S.C. Section 1983.

IMMUNITY

Defendant is entitled to qualified immunity from all claims asserted by Plaintiff in this case. If Nation was able to show in someway that Ambers was acting in his discretionary authority, the burden then shifts to Nation to show that the Defendants violated clearly established law based upon objective standards. See Eubanks v. Gerwin, 40 F. 3d 1157, 1160 (11th Cir. 1994). Nation must allege that the Defendants violated a right clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F. 2d 1271, 1273 (11th Cir. 1989),

aff'd in pertinent part, rec'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989). Clearly, Nation has not done so.

The Eleventh Circuit requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. Vonstein v. Brescher, 904 F. 2d 572, 579 (11th Cir. 1990) (quoting Anderson v. Creighton, 483 U.S. 635, 640, 107 S. Ct. 3034, 3039 (1987)).

Therefore, [to defeat summary judgment] Nation must be able to point to cases with "materially similar" facts within the Eleventh Circuit. Hasoon v. Sodenwagner, 19 F. 3d 1573, 1578 n. 6 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must "...compel[s] (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances." Lassiter v. Alabama A & M University, 28 F. 3d 1146, 1151 (11th Cir. 1994). There is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Court sitting within the Eleventh Circuit showing under the facts of this case, it was clearly established that these alleged actions violated Nation's constitutional rights.

Lastly, Plaintiff failed to exhaust the administrative remedies available to him. A prisoner must exhaust his administrative remedies prior to seeking relief in court. 42 U.S.C. § 1997e (a), as amended by the Prison Legal Reform Act of 1995. This exhaustion requirement is in all circumstances. See Booth v. Churner, 532 U.S. 731, 740-741, 121 S. Ct. 1819, 149 L. Ed. 2d 958 (2001).

The State of Alabama and all of its services must operate through its agencies, officers and employees. The courts are firm in their holdings that state agencies, officers and employees are absolutely immune from tort liability. Rutledge v. Baldwin Co. Commission, 495 So.2d 49 (Ala. 1986).

The State of Alabama, its agencies, officers and employees, in their official capacities and individually, are absolutely immune from suit. Officer Ambers as an officer, employee and agent of the Alabama Department of Corrections, is entitled to invoke sovereign immunity from suit even though there may be some individual officials named as nominal defendants in the suit. See Destafney v. University of Alabama, 413 So.2d 391 (Ala. 1981).

CONCLUSION

The Plaintiff's complaint is completely without merit. The undisputed facts are, simply, that an Alabama motorist either fell asleep at the wheel or had some undetermined medical condition that caused him to drive off the roadway, and travel some 168 feet before striking the ADOC van, which was lawfully and safely parked on the shoulder of the highway. Officer Ambers had nothing to do with the cause of this serious accident. And he is not liable under any theory of vicarious liability or respondeat superior, as a matter of law.

Respectfully submitted,

KIM T. THOMAS (THO115)
GENERAL COUNSEL



NEAL P. CONNER (CONN2024)
ASSISTANT GENERAL COUNSEL
ASSISTANT ATTORNEY GENERAL

CERTIFICATE OF SERVICE

I hereby certify that on the 29th day of November, 2006, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following (or by U.S. Mail to the non-CM-ECF participants):

Marvin Kurt Nation, AIS #141669
Fountain Correctional Facility
P.O. Box 3800
Atmore, AL 36503-3800



NEAL P. CONNER (CONN2024)
ASSISTANT GENERAL COUNSEL
ASSISTANT ATTORNEY GENERAL

ADDRESS OF COUNSEL:

Alabama Department of Corrections
Legal Division
301 South Ripley Street
P.O. Box 301501
Montgomery, AL 36130
(334) 353-3889

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

MARVIN KURT NATION, 141669,

Plaintiff,

v.

Civil Action No. 2:06-CV-693-ID

OFFICER WILLIE AMBERS, et al.,

Defendants.

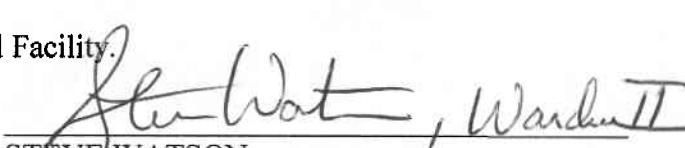
AFFIDAVIT

Before me, the undersigned authority, a Notary Public in and for the State of Alabama at Large, personally appeared Steve Watson, who being known to me and being by me first duly sworn, deposes and says:

My name is Steve Watson. I am currently employed with the Alabama Department of Corrections as a Warden II at Elmore Correctional Facility in Elmore, Alabama. I am over twenty-one (21) years of age.

I was not assigned to Elmore Correctional Facility on September 21, 2004 and have no personal knowledge of the incident inmate Nation described in his complaint.

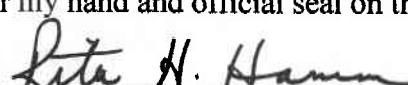
I hereby certify Institutional Incident Report ECC04-1350 to be a true copy of a document on file at Elmore Correctional Facility.



STEVE WATSON

STATE OF ALABAMA:
COUNTY OF ELMORE:

Sworn to and subscribed before me and given under my hand and official seal on this the
18 day of September, 2006.



NOTARY PUBLIC

My Commission expires 1-2010



**ELMORE CORRECTIONAL CENTER
INSTITUTIONAL INCIDENT REPORT**

1. Institution:	2. Date:	3. Time:	4. Incident Number:
ELMORE CORRECTIONAL CENTER	9-21-04	1:25p.m.	ECC04-1350
5. Location Where Incident Occurred: Hwy. 231 North (Troy Hwy.)		6. Type of Incident: Vehicle Accident	
7. Time Incident Reported: 1:27p.m.		8. Who Received Report: Sgt. Robert Esco <i>Sgt. Robert Esco</i>	
9. Victim: a. <u>See attached list</u> (type full name)		No. _____	
b. _____ (type full name)		No. _____	
10. Suspects:			
a. N/A	No. _____	a. N/A	No. _____
b. _____	No. _____	b. _____	No. _____
c. _____	No. _____	c. _____	No. _____
d. _____	No. _____	d. _____	No. _____
e. _____	No. _____	e. _____	No. _____
11. Witnesses:			
a. _____	b. _____	c. _____	d. _____
e. _____	f. _____	g. _____	h. _____
Physical Evidence:			
12. Type of Evidence: <u>N/A</u>			
13. Description of Evidence: <u>N/A</u>			
14. Chain of Evidence: <u>N/A</u>			
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
15. Narrative Summary: On 9-21-04, Officer Willie Ambers was assigned as Road Squad Officer for Highway #6 M-2. Officer Ambers had a crew of (9) nine inmates assigned to perform litter control on Highway 231 North Troy Hwy. With Officer Ambers' crew having completed the litter control for approximately two miles, Officer Ambers parked the van at mile marker 164, well off the shoulder, in order to allow the inmates a water break. Officer Ambers sat in the driver's seat of the van while (7) seven of the (9) nine inmates remained inside the van. The other (2) two inmates were located just outside the van. Without warning, a motorist driving a 1999 Mercury left the road and hit the rear of the van. The impact of the collision broke the back of the driver's seat, causing Officer Ambers to fall into the bench seat behind the driver's seat. Officer Ambers exited the van through the sliding cargo door which had been torn from the track and insured all inmates were out of the van. At approximately 1:27am, as Officer Ambers was notifying Elmore C.C. of the accident, Officer Ambers observed that the driver of the other vehicle, appeared to be trapped. Officer Ambers instructed (2) two inmates to assist the driver. Once the (2) two inmates had pulled the driver clear of the wreckage, both the van and car became engulfed in flames. Officer Ambers observed several inmates had injuries. At approximately 1:35p.m., Officer John Williams, who also was working another inmate litter crew nearby, arrived and assisted Officer Ambers. At approximately 1:36 p.m., emergency units began arriving on the scene. Fire Department Personnel extinguished the (2) two burning vehicles, and assisted the injured. At approximately 1:42 p.m., Haynes Ambulance #968 arrived at the scene. Paramedics Jeffcoat and Ryland treated (2) two of the injured inmates and departed enroute to Baptist Hospital South at approximately 2:06 p.m. Ambulance Squad #968 (Cont)			

DISTRIBUTION: ORIGINAL to Institutional File
 COPY to Central Records File
 COPY to inmate file

D of C - N 602

CONTINUATION SHEET

Institution: Elmore Correctional Center	Incident Number: ECC - 04 -
Date: 9/21/2004	Type of Incident: Vehicle Accident

Narrative Summary (Continued) Page No. 2.

arrived at Baptist South at approximately 2:18 p.m. They departed Baptist South at approximately 2:55 p.m. At approximately 1:40 p.m. Sgt. Greg Smith and Officer Stanley Williams were dispatched to Baptist South for inmate security. Haynes Ambulance #811 arrived at the scene of the accident at approximately 1:44p.m. Paramedics Ware and Gosha treated (2) two inmates, and departed enroute to Baptist South at 2:06p.m., arrived at the hospital at 2:13p.m., then departed at 2:42p.m. Haynes Ambulance #855 arrived at the scene at 1:54p.m. Paramedics Flowers and Lucas treated (2) two inmates, departed the accident at 2:13p.m. and arrived at Baptist South at 2:22p.m., then departed at 2:55p.m. A fourth Haynes Ambulance #173 arrived at 2:05p.m. with Paramedics Patterson and T. Haynes and treated the last (2) two inmates, and went enroute at 2:13p.m., arrived at the hospital at 2:22p.m., then departed at 3:02p.m. The (8) eight injured inmates were turned over to the Emergency Room staff before the Amulance Squads departed Baptist South. Other units responding were Montgomery County Sheriff Department Units 110, 41 and 40. Department of Public Safety Trooper Hardy was in charge of the scene, invesigated the accident with the assistance of Trooper Frost. At approximately 2:06 p.m., Warden Charles I. Hadley arrived at the scene. Upon Warden Hadley's arrival, Mr. Roy Hightower was advised of the incident. At approximately 2:15 p.m., Lt. Richard Naile and Sgt. Robert Esco arrived at the scene. Lt. Naile photographed the scene of the accident. At approximately 2:25 p.m., I&I Investigator C. P. Barefoot arrived and began the Departments investigation of the accident. At approximately 2:30 p.m., Sgt. Esco departed the scene with Officer Ambers enroute to BHS Emergency room where Officer Ambers was treated and then released at 8:10 p.m. Other Emergency Unit who arrived to assist were Pike Road Fire Department and Rolling Hill Fire Departments. The State van was removed from the scene by the DCC Garage wrecker. Once both vehicles had been removed from the scene, the last Fire Department and County Sheriff Unit left the scene at 4:26p.m. The State van was declared a total loss by Mr. B. Agerton due to the fire.

The Elmore inmates injured in this accident were Joey Dennis W/M 224604, Marcus Jackson B/M 187650, Paul Laco W/M 197687, Larry Lambert W/M 195129, Marvin Nation W/M 141669, Donald Perdue B/M 213809, Douglas Spears W/M 184120 and Douglas Thompson W/M 166485R. The above inmates were treated and released to Staton Health Care Unit and placed on outgate status M. O. U. with the excepton of inmate Paul Laco who remained at BHS due to the injuries which he sustained in the accident. See attached body charts on all inmates. All inmates involved in the accident where instructed to write statements. Inmates Lemon Tucker and Douglas Thompson were outside the van when the accident occurred. Inmate Joey Dennis pulled the freeworld victim from his vehicle. Other (7) seven listed inmates remained in the van when the accident occurred. See attached statements.

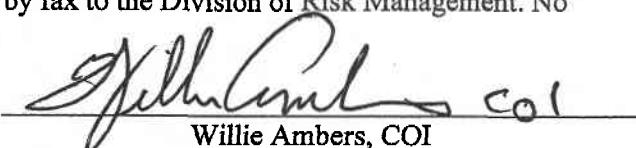
The State van being driven by Officer Ambers was #1548, Tag # S-3134B, Vehicle # A-26346, a 1997 Dodge Ram 3500, VIN # 2B5WB35Z3VK585894.

The driver of the vehicle which hit the State van was later identified as Gilbert M. Walker, Jr. of 1690 M-1 Trail, Warrior, AL 35180, DOB 7/23/34, DL# 1194868, Tag # 64A-8324, VIN# 2MEFM75W044628520. The extent of Mr. Walker's injuries were unknown, but he was transported to Baptist Hospital South.

An Employee First Report of Injury was completed and sent by fax to the Division of Risk Management. No further action taken.

ATTACHMENTS: Inmate Body Charts

- (4) photos of scene
- (8) statements of inmates
- Ambulance Log
- BHS Medical Sheets
- List of accident victims



Willie Ambers, COI

ACCIDENT VICTIM LIST:

OFFICER WILLIE AMBERS
INMATE JOEY DENNIS W/224604
INMATE MARCUS JACKSON B/187650
INMATE PAUL LACO W/197687
INMATE LARRY LAMBERT W/195129
INMATE MARVIN NATION W/141669
INMATE DONALD PERDUE B/213809
INMATE DOUGLAS SPEARS W/184120
INMATE DOUGLAS THOMPSON W/166485R
INMATE LEAMON TUCKER B/125736 (not injured)
GILBERT WALKER (FREEWORLD)



ER RECORD - Adult / Adolescent

Regular M.D.:

Notified:

Immunization Hx: Tetanus UTD not UTD

Allergies:

PTDA (negative (nausea))

LMP:

Pregnant? Yes No Unsure

Home Meds:

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? Yes No Age at onset? _____ Regular Yes No)

>65 yrs (Older Adult)

Assisting Devices: None Yes (list): _____Living arrangements: Lives alone Family/Significant Others
 Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input checked="" type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Nutrition (refer to Dietician)
<input type="checkbox"/> Body Temp, Alt. In	<input type="checkbox"/> Knowledge Deficit
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> Neuro Status
<input type="checkbox"/> Coping Alt. In	<input checked="" type="checkbox"/> Physical Mobility Impairment
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Resp. Function Alt.
<input type="checkbox"/> Fluid Vol. Def/Ex	<input type="checkbox"/> Skin Integrity, Alt. In
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Cultural/Religion
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Abuse Potential (refer to Social Services)
<input type="checkbox"/> Pain	<input type="checkbox"/> Language

Intervention
<input type="checkbox"/> Anti-Pneumic
<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> DSG/Wound Care
<input type="checkbox"/> Emotional support
<input type="checkbox"/> Ics/Elevate
<input type="checkbox"/> I & O
<input type="checkbox"/> Other _____

Time To Tx: 14:20
Area: 1B Rm #: 220

Patient Lat:

TRIAGE CATEGORY

- 1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs

BP: 145/80

P: 86

R: 24

T: 98.6

SpO₂: 100%

CHIEF COMPLAINT AND HISTORY

MVA - No strait - Dystonia - back - feet - left - right - Vehicle - hit by another

Analgesia Scale IVAS 0-10

/10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS			
General	Skin-Temp	Respiration	Pulse
<input type="checkbox"/> NAD	<input checked="" type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular
<input type="checkbox"/> Mid Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular
<input checked="" type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> bounding
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak
	<input type="checkbox"/> Skip-Moisture	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent
	<input checked="" type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Combative
	<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Agitated
	<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Unresponsive
	<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Normal
	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Slurred Speech
	<input type="checkbox"/> Jaundiced	<input type="checkbox"/> Visual Acuity: O.S.: _____	<input type="checkbox"/> Confused
			O.D.: _____
			O.U.: _____

Weight:	stated / measured
Triage Nurse Signature: P. Boulin, RN	Date: 9/21/04 Time: 14:30

NURSE'S NOTES

PHYSICIAN'S ASSESSMENT

ORDERS

14:20 IOT 18G - 15cc to G AC - Blood drawn for lab & Sept - Cluster ease

(P. Boulin, RN - lower leg wound cleared. Puncture wound + abrasion noted. Cleaned + dressed to moderate, 4x4's + Kerlix RRoberts)

14:40 - INT d/c, skt S. to dress - JF

lt leg wound dressing.

VITAL SIGNS

Time	14:30
B.P.	127/70
Temp.	
Pulse	67
Resp.	18
O ₂ Sat.	

LAB	OB
<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input checked="" type="checkbox"/> ETCH
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG
<input type="checkbox"/> Amylase	<input type="checkbox"/> I-Stat <input type="checkbox"/>
<input type="checkbox"/> Chem Profile	<input type="checkbox"/> Lipase
<input type="checkbox"/> Chem Profile 12	<input type="checkbox"/> PT/PTT

X-RAY

Chest	Abd
Portable	

C: e/o

DISCHARGE

Date	9/21/04
Time	

D.C. RN	JF
---------	----

DISPOSITION	EXIT VIA
-------------	----------

<input type="checkbox"/> Home	<input type="checkbox"/> Walk
<input type="checkbox"/> Admit	<input type="checkbox"/> Cared
<input type="checkbox"/> Surgery	<input type="checkbox"/> RTWS
<input type="checkbox"/> Transfer	<input type="checkbox"/> Stretcher
<input type="checkbox"/> EXP	<input type="checkbox"/> Ambulance
<input type="checkbox"/> AMA	<input type="checkbox"/> Self
<input type="checkbox"/> LWT	<input type="checkbox"/> Family
<input type="checkbox"/> SNF	<input type="checkbox"/> Office
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> M.D. Office	

Medications

Dose	Route	Time	Site	Nurse
Morphine 4 mg	i.v.	14:55		
Phenoxymesterone 25mg	i.v.	14:50		P. Boulin, RN
Morphine 4 mg i.v.		14:10		P. Boulin, RN
Toradol 30mg	i.v.	15:00		
Morphine 10 mg i.v.		17:00		JF

Condition On Discharge

Physician Signature

'80426500476 NATION, MARVIN
DOB: 03/19/67 Age: 37Y MR #: 567116
Admit Date/Timer: 09/21/04 1428P
920 ALEXANDER D GREGORY

DATE: TIME: 2:30 ROOM: 2B EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2^o TO:

HPI chief complaint	MVA Injury to: <u>Lt leg, Lt Back</u>
occurred:	<u>Just PTA</u>
context:	<u>-car collision</u> <u>single-car accident (lost control / fell asleep / unknown cause)</u>
position in vehicle:	<u>driver passenger front back</u>

location of pain / injuries:	<u>head face mouth</u> <u>neck chest</u> <u>gastrointestinal</u> <u>back upper mid- lower</u> <u>radiating to (R) thigh / L leg</u>	<u>right</u> shldr arm elbow f-arm wrist hand	<u>left</u> hip thigh knee ankle foot
severity of pain:	<u>mild</u> <u>moderate</u> <u>severe</u>	<u>associated symptoms:</u> <u>lost consciousness / dazed</u> <u>duration:</u> <u>remembers:</u> <u>impact coming to hospital</u> <u>seizure</u>	
site of impact:	"P" = primary "S" = secondary	<u>restraints:</u> <u>none</u> lap / shoulder <u>doesn't recall</u> <u>car seat</u> <u>air bag deployed</u> <u>thrown from vehicle</u> <u>ambulated at scene</u> <u>long extrication</u>	
force	<u>low</u> <u>mod.</u> <u>high</u> <u>direct</u> <u>glancing</u>		

PAST HX	<u>negative</u>
HTN	<u>DM</u>
Meds-	<u>none</u> <u>see nurses note</u>
Allergies-	<u>NKDA</u> / <u>see nurses note</u>
SOCIAL HX	<u>recent ETOH</u> <u>smoker</u> <u>drug abuse</u>
FAMILY HX	<u>Alma Contra</u>
HX / EXAM UNOBTAINABLE 2 ^o TO:	
ROS	<u>all systems neg except as noted</u>
NEURO	<u>loss feeling / power arms/legs</u> <u>headache</u>
EYES	<u>double vision</u>
ENT	<u>hearing loss</u>
RESPIRATORY	<u>trouble breathing</u>

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Baptist Health
EMERGENCY PHYSICIAN RECORD
MVA (5)

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun.
PHYSICAL EXAM Alert: _ Lethargic: _ Anxious: _
Distress: NAD mild: _ moderate: _ severe: _
Other: c-collar (PTA / In ED) back-board IV splints

HEAD
no evidence of trauma
NECK
non-tender
painless ROM
trachea midline

see diagram
Battle sign / Raccoon Eyes
Palpebral injury - bleed
see diagram
vertebral point-tenderness
muscle spasm / decreased ROM
pain on movement of neck



EYES
PERAL
ECOM

unequal pupils R: mm L: mm
EOM encopresis / palsy
subconjunctival hemorrhage

ENT
ENT external inspection
no dental injury

hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP / CVS
chest non-tender
breath sounds nml
heart sounds nml

see diagram (on reverse)
decreased breath sounds
wheezing / rates
splinting / paradoxical movements

GASTROINTESTINAL
non-tender
no organomegaly

see diagram (on reverse)
tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL
nml genital exam
nml vaginal exam
nml rectal exam
hema negative stool

perineal hematoma
blood at urethral meatus
decreased rectal tone

NEURO / PSYCH
orientated x3
mood & affect
CNS nml
as tested
sensation & motor nml

confusion / disorientation
ECOM / palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
seborrhea / motor deficit



RN / PA / NP

22

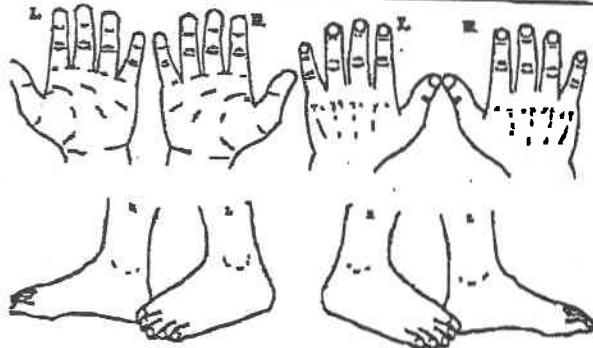
SKIN

intact
 warm, dry

BACK

CVA
tenderness
 nonvertebral
tenderness

EXTREMITIES
 atrophy
 pelvis stable
 hips non-tender
 non-pedal edema
 non-ROM

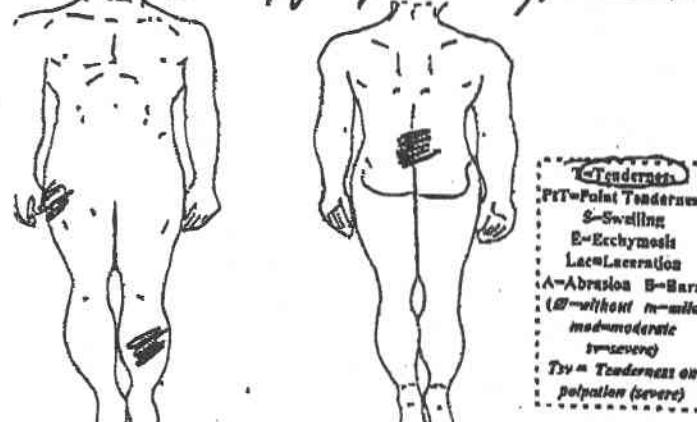
 see diagram crepitus / diaphoresis see diagram vertebral point-tenderness CVA tenderness muscle spasm / limited ROM see diagram bony point-tenderness painful unable to bear weight pulse deficit Joint Exam: limited ROM / ligament laxity / joint effusion**X-RAYS** Interp. by me Reviewed by me Discard w/ radiologist

Spine D-Spine LS-Spine
normal / NAD reversal / straightening of cerv. lordosis.
no fracture DJD / spondylosis / spurring
normal alignment
soft tissues nml

XR
normal / NAD
no infiltrates
normal heart size
normal mediastinum

OTHER See separate report

CT SCAN Head facial - no fractures
normal
Chest, abdomen, pelvis, spine, etc.



Tenderness
PTT=Point Tenderness
S=Swelling
E=Ecchymosis
Lac=Laceration
A=Abrasions B=Burn
(M=without m=mild
mod=moderate
sever=severe)
Tx = Tenderness on
palpation (severe)

LABS and PROGRESS

CBC	Chemistries	CO ₂
normal except	normal except:	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
seg's	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time 173K unchanged improved examined

Re-evaluation time 190 unchanged improved examined

Re-evaluation time unchanged Improved re-examined

O₂ Sat 100 ; RA Nml

Expo 72 B/mo. Nml RHR

use template #23b for Laceration Repair

TREATMENT:

Fluids IV

Analgesics PO IM IV

Antibiotics PO IM IV

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Discussed with Dr.
 will see patient in office / ED / hospital

Counseled patient's family regarding:

lab results diagnosis need for follow-up

Admit orders written

CRIT CARE: 30-74 min

75-104 min _____ min

Prior records ordered

Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

contusion	laceration	sprain/strain
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/Y L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder	leg R/Y L	
arm	ankle R/L	
elbow	foot R/L	
forearm		

concussion
with LOC w/o LOC

laceration

Multiple lacerations

DISPOSITION-CONDITION: home admitted transferred
 unchanged improved stable

Admit Discharge Transfer Home Other

No review. Patient interviewed. Medical Decision Making, and Examined by Physician.

Baptist Health
Emergency Room
Discharge Instructions

DISCHARGE INS

BO426500476 NATION, MARVIN
DOB: 03/19/67 Age: 37Y MR #: 567116
Admit Date/Time: 09/21/06 1428P
920 ALEXANDER, D GREGORY

Weight	Phone	Allergies
--------	-------	-----------

MEDICINES PRESCRIBED

If none, check this box: Location
South

VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.

Name/strength	Number	Schedule / Duration	No Refills	Refills
1. Lortacet (1) H 20 + 54H prn pr				
2.				
3.				
4.				
5.				

INSTRUCTION SHEET(S) GIVEN:

- Asthma
- Back Pain
- Cast / Splint Care
- Crutches
- Fever
- Fracture

Additional instructions:

- Head Injury
- Otitis Media
- Sprains / Bruises
- STD
- Threatened Ab
- Vomiting / Diarrhea
- Wound Care
- Other(s)

Return for signs of infection:
 > Redness
 > Swelling
 > Drainage
 > Heat

To Dr. Gregor J. on tomorrow
 See Dr. face Sat for appt
 Call Dr. McCarthy 381-5320 on an R.Sched
 PCU Visit from my people

Referred to:

 Dr.

Phone: _____

 Call on next business day for follow-up appointment
in _____ days / weeks next available

- Return to Emergency Dept. in _____ hours / days for recheck
- If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
- Learning needs assessed Instructions Modified: _____
- Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient
- Relative
- Other

Released By:

NP

Time Released
> 1945

Hrs.

WORK/SCHOOL STATEMENT from the Emergency Department
Patient Name: _____

- | | |
|-------------------------------|------------|
| Patient was seen by Dr. _____ | Date _____ |
|-------------------------------|------------|
- Patient was seen by Dr. _____
 - No athletics / physical education: _____ days*
 - May return to work / school without restrictions
 - Will require time off work / school. Estimated time: _____ days*
 - Must be reevaluated by family / occupational physician before returning to school / work.
 - Off from School or Work longer than 3 days should be approved by a Personal or Company Occupational Medicine Physician

May return to restricted duties for _____ days*
Restrictions: _____

_____ was here with relative/ child.
 Other: _____

80426500476 NATION, MARVIN
DOB: 03/18/67 Age: 37Y MR #: 567116
Admit Date/TIME: 09/21/04 1420P
920 ALEXANDER D GREGORY



ADDRESSGRAPH

Time trauma alert called _____ Alert called by _____

Recording RN Doctor Team RNs _____

Date 9/21/04 Time patient arrived 14:20 Age _____

If from another facility time spent at referring hospital _____

Trauma Alert Downgraded Yes No Level One TwoED MD Dr. John M. McNamee Male Female Transferred from Accident scene Another facilityTransported by Ambulance Air Car Other

CAUSE OF INJURY

1. Motorcycle Crash	6. Industrial Accident
2. Bicycle	7. GSW
3. Pedestrian vs.	8. Other <u>MVA</u>
4. Fall from feet	9. Unknown
5. Burn	

MECHANISM OF INJURY

Driver Passenger Front Back MPH _____
 Spider Windshield Bent Steering Wheel Ejected

PROTECTIVE DEVICE

1. Seat Belt <input type="checkbox"/> lap <input type="checkbox"/> shoulder	4. None
2. Helmet	5. Air Bag
3. Car Seat	6. Not Available
4. Protective Clothing	7. Other

PREHOSPITAL SUMMARY

PREHOSPITAL VITAL SIGNS: B/P _____ Pulse _____ Resp _____
AIRWAY: Yes NoBREATHING: Spontaneous Assisted BVM Labored Unlabored
 Intubated (tube size _____ by whom _____) O₂ @ _____ LPM by _____CIRCULATION: IVFs #1 _____ Bag Size _____ Site _____
Cath size _____ LiB on arrival _____IVFs #2 _____ Bag size _____ Site _____
Cath size _____ LiB on arrival _____

C Collar Backboard Headroll Straps CPR
 Direct pressure _____
 Splints _____ Dressings _____
 MAST _____

TRAUMA TEAM

TEAM	NAME	Time Paged	Time Called	Time Arrived	Time Pt Seen
Lab Phlebotomist					
Blood Bank					
Radiology Tech					
Resp Therapy					
US Technician					
General Surg					
Orthopedic Surg					
Neurosurgeon					
CV Surgeon					
Social Services					
Pastoral Care					
Other					

EMERGENCY TRAUMA FLOW SHEET

HISTORY

Patient's chief complaint _____

Past medical history Gastritis
Abdominal Surgery 1994Medications DAllergies NDATetanus status 2003 Last meal ~8 AM
LMP 2003 Weight _____ Gest Measured

PRIMARY SURVEY

AIRWAY	<input type="checkbox"/> Clear	<input type="checkbox"/> Obstructed
BREATHING	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> O ₂ _____ L
	<input type="checkbox"/> Assisted	<input type="checkbox"/> BVM
	<input type="checkbox"/> Labored	<input type="checkbox"/> Unlabored
Right	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Left	<input type="checkbox"/> Present	<input type="checkbox"/> Absent

CIRCULATION External Hemorrhage _____
Pulses PAP RUE LUE RLE LLSKIN SIGNS Normal Warm Dry Pale
 Cyanotic Cool Diaphoretic Flush
R Size: _____ Reaction: _____ L Size: _____ Reaction: _____PUPILS N = Normal S = Sluggish F = Fixed
<img alt="Pupil size chart showing 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 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1126, 1127, 1128, 1129, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1349, 1350, 1351, 1352, 1353, 1354, 1355,

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639
Patient's Room: E/R
Patient Type:E/R

Exam
0453 CT-FACIAL W/O CONTRAST
Ord Diag: ;MVC

Check-in No.
1788322

NATION, MARVIN K.

CT FACIAL BONES:

HISTORY: MVA

Numerous left-sided facial bone fractures are present. There is a fracture of the inferior orbital rim on the left with displacement of fragment of bone slightly centrally into the left orbit. There is bone displaced medially which is causing mass effect on the lateral rectus muscle. The bone is abutting and may be slightly compressing the left inferior rectus muscle. There has been no herniation of orbital contents into the left maxillary sinus. There is a mildly displaced fracture of the lateral wall left orbit.

Evaluation of the left maxillary sinus shows a second fracture of the left orbital rim which is depressed slightly into the maxillary sinus. There is also a displaced comminuted fracture of the lateral wall with central displacement of several bony fragments. The left maxillary sinus is completely opacified from hemorrhage.

There is a fracture of the ramus of the left mandible. There are numerous fractures of the left zygomatic arch. Fracture lines extend inferiorly to involve the lateral aspect of the left maxilla posteriorly. No temporal bone fractures are seen. Remaining facial bones are intact.

IMPRESSION:

(Continued)

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639
Patient's Room: E/R
Patient Type: E/R

Checkin-Exam Code Summary
1788322-0453

- 1) INFERIOR AND LATERAL ORBITAL WALL FRACTURES ON THE LEFT WITH SOME DISPLACEMENT OF BONY FRAGMENTS CENTRALLY INTO THE ORBIT WITH MILD IMPINGEMENT OF THE INFERIOR AND LATERAL RECTUS MUSCLES.
- 2) THE ORBITAL FLOOR FRACTURE HAS A COMPONENT WITH BONY FRAGMENTS DISPLACED MEDIALLY INTO THE MAXILLARY SINUS, HOWEVER, THERE IS NO HERNIATION OF ORBITAL CONTENTS.
- 3) COMPLEX FRACTURE OF THE LATERAL MAXILLARY WALL WITH CENTRAL DISPLACEMENT OF BONY FRAGMENTS. FRACTURE LINE ALSO EXTENDS TO INVOLVE THE LATERAL ASPECT OF THE MAXILLA.
- 4)
- 5) FRACTURE OF THE LEFT MANDIBLE AT THE LEVEL OF THE RAMUS.
NUMEROUS FRACTURES OF THE LEFT ZYGOMATIC ARCH.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.
MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1640
Patient's Room: E/R
Patient Type: E/R

Exam
0458 CT-CERVICAL SPINE W/O CONTRAST
Ord Diag: MVA

Check-in No.
1788332

NATION, MARVIN K

CT CERVICAL SPINE WITHOUT CONTRAST:

HISTORY: Motor vehicle accident.

3mm thick axial images were obtained. Sagittal and coronal images are reconstructed.

Cervical vertebral bodies are of normal alignment. There is no subluxation or fracture. The odontoid is intact. The lateral masses of C1 maintain normal alignment with the of C2. No focal bony lesions are seen.

IMPRESSION:

NORMAL STUDY OF THE CERVICAL SPINE, NEGATIVE FOR FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639
Patient's Room: E/R
Patient Type: E/R

Exam
0450 CT-HEAD WITHOUT IV CONTRAST
Ord Diag: ;MVA

Check-in No.
1788246

NATION, MARVIN K

CT HEAD WITHOUT CONTRAST:

HISTORY: motor vehicle accident

Unenhanced axial images were obtained from the skull base to the vertex. Evaluation of the posterior is normal. The region of the sella turcica is unremarkable.

Supratentorially, there is no evidence of intra or extraaxial hemorrhage. There is no mass or infarct. Ventricles system is midline and normal in configuration. Review of the skull is normal.

IMPRESSION:

NORMAL STUDY.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1513
Patient's Room: E/R
Patient Type: E/R

Exam
3510 DR-HIP RT 2 V. INCLUDES PELVIS
Ord Diag: MVA

Check-in No.
1788284

NATION, MARVIN K.

RIGHT HIP:

History: Motor vehicle accident.

Two views were obtained of the right hip. There is no fracture or dislocation. Articular surface of the femoral head is smooth and normal in appearance. The acetabulum and visualized portions of the right side of the pelvis are normal.

IMPRESSION: NORMAL.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

JH

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type:E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;MVA

Check-in No.
1788247

NATION, MARVIN K

LEFT LOWER LEG:

HISTORY: MOTOR VEHICLE ACCIDENT

AP and lateral views were obtained. There is no fracture of either the tibia or fibula. Knee and ankle are unremarkable. No focal bony lesions are seen.

IMPRESSION:

1. NORMAL.

TB

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type:E/R

Exam
2040 DR-CERVICAL SPINE AP & LAT
Ord Diag: ;MVA

Check-in No.
1788248

NATION, MARVIN K.

CERVICAL SPINE:

HISTORY: Neck pain, MVA

The cervical spine is seen to the C7-T1 level. Vertebral bodies are normal alignment with no subluxation or fracture noted.

IMPRESSION: NORMAL LATERAL VIEW.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.
MEF

From:BMC SOUTH MED RECORDS

1 334 286 3343

09/22/2004 12:44 #438 P.013/020

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type:E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788250

NATION, MARVIN K.

CHEST:

Heart and mediastinal structures are unremarkable. Lungs are clear of infiltrates and effusions. There is no pneumothorax. Osseous structures are unremarkable.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.,
/Electronically Signed By/ OSCAR P ORILLE, M.D.
MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1456
Patient's Room: E/R
Patient Type:E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: ;MVA

Check-in No.
1788251

NATION, MARVIN

ABDOMINAL ULTRASOUND:

History: Abdominal pain after motor vehicle accident.

The study was performed to evaluate for free intraperitoneal fluid. Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of abdominal organs are normal.

IMPRESSION:

NORMAL STUDY, NEGATIVE FOR FREE INTRAPERITONEAL FLUID.

ARG

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type: E/R

Exam
2012 DX-LUMBAR SPINE 1 VIEW
Ord Diag: MVA

Check-in No.
1788283

NATION, MARVIN K

LUMBAR SPINE:

HISTORY: BACK PAIN FOR MOTOR VEHICLE ACCIDENT

Single lateral view was obtained of the lumbar spine. Vertebral body heights and disc spaces are preserved. No subluxation is seen. There is no evidence of fracture.

IMPRESSION:

NEGATIVE, NO ABNORMALITY SEEN ON THIS SINGLE LATERAL VIEW OF THE LUMBAR SPINE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

TB

Technician: ald

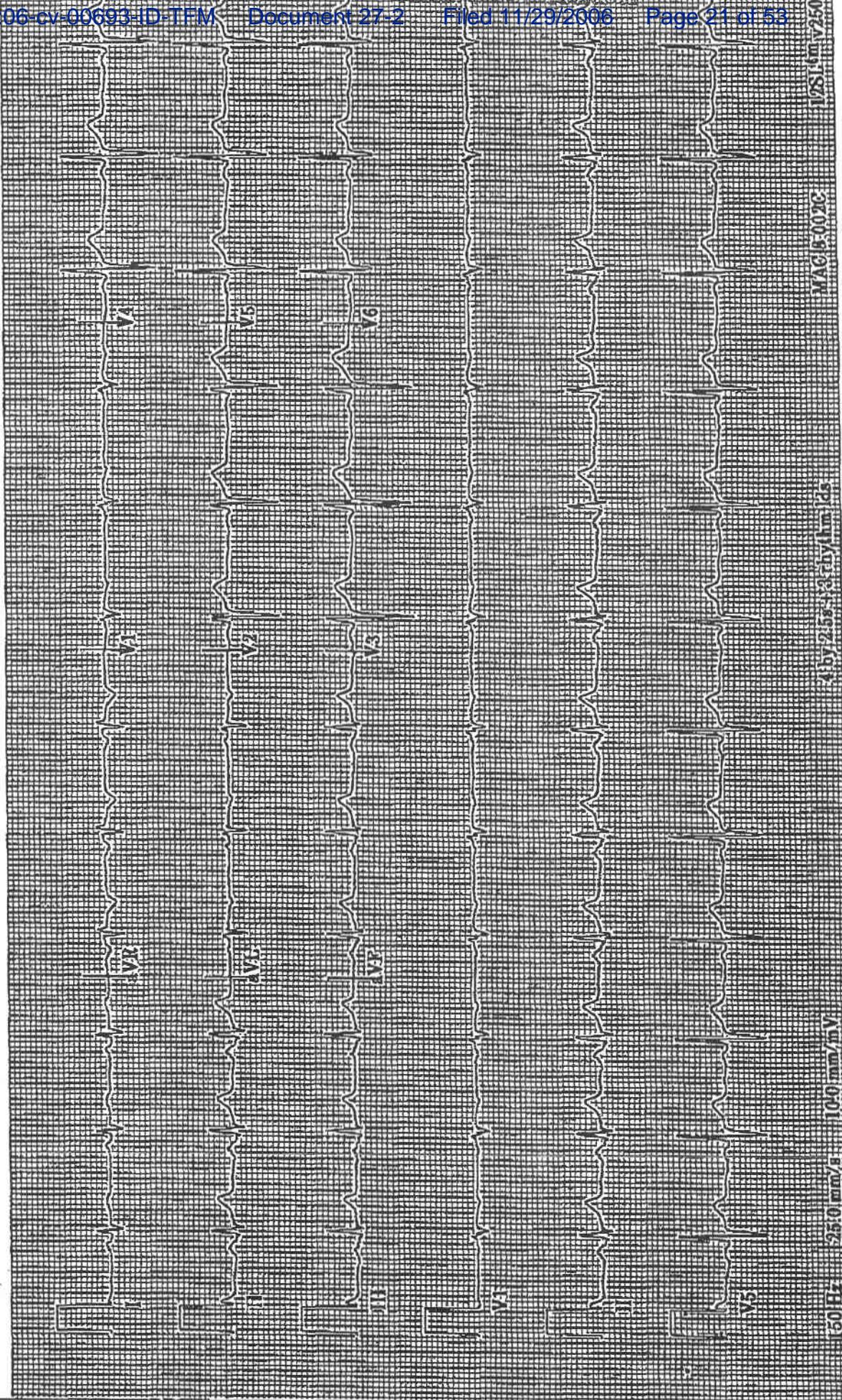
Male Caucasian
Room: 2b

PR interval 140 ms
QRS duration 94 ms
QT/QTc 366/400 ms
P-R-T area 46 90 72

Rightward axis
Borderline ECG
Ref ID: 0042650476 NATION MARVIN
DOB: 03/19/67 Age: 37Y MR #: 567116
Admit Date/Time: 09/21/04 1423P
S20 ALEXANDER,D GREGORY

Referred by: alexander, gregory

Unconfirmed





B0126500486 DENNIS, JOEY
 DOB: 09/12/78 Age: 26Y MR #: 567119
 Admit Date/TIME: 09/21/04 1435P
 911 MOOREHOUSE, JOHN D

%

NIS 26

DATE: 9/21/04 TIME: 2:30 ROOM: 48 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM UNOBTAINABLE 2^o TO:

HPI chief complaint: Injury to: both legs	
occurred:	just PTA 1 hour
today	ago
yesterday	
days PTA	
where:	home neighbor's work school city park street

context:
 car accident

location of pain /	
<u>Injuries:</u>	
head face mouth	-right- shldr arm hip thigh knee
neck chest	elbow arm elbow
gastrointestinal	farm leg
back upper mid- lower	wrist ankle
radiating to R/L thigh/leg	hand foot
<u>severity of pain:</u>	
mild	-left- shldr arm hip thigh knee
moderate	elbow arm elbow
severe	farm leg
PAST HX	
HTN DM	negative

Med:	none	see nurses note
Allergies:	NKDA	see nurses note
SOCIAL HX	recent ETOH	smoker
FAMILY HX	DM	drug abuse

HX / EXAM UNOBTAINABLE 2 ^o TO:	
<u>ROS</u>	D all systems neg except as noted
NEURO	loss feeling power arms/legs headache
EYES	double vision
ENT	hearing loss
RESPIRATORY	trouble breathing

PRINTED BY: b17606

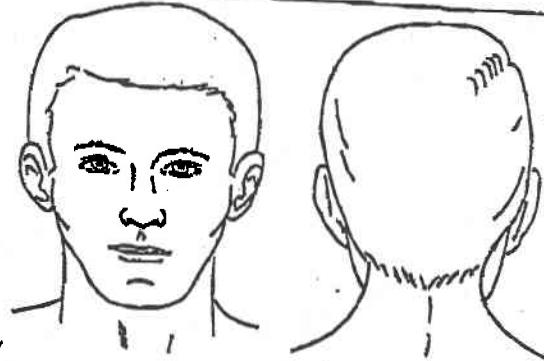
© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (\) negatives
 1 of 1 1 of 2

EMERGENCY PHYSICIAN RECORD Multiple Trauma (5)

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun, UTD
PHYSICAL EXAM Alert Lethargic Anxious
 Distress NAD Mild Moderate Severe
 Other C-collar (PTA in ED) Back-board IV splint

HEAD
 no evidence of trauma
 see diagram Barlow's sign / Raccoon Eyes

NECK
 non-tender & painless ROM
 trachea midline
 see diagram vertebral point-tenderness
 muscle spasm / decreased ROM
 pain on movement of neck



EYES
 PERRL
 EOMI
 unequal pupils R mm L mm
 EOM engorgement / palsy
 subconjunctival hemorrhage

ENT
 tym external inspection
 no dental injury
 eardrum
 TM obscured by wax
 clotted nasal blood
 dental injury / malocclusion

RESP/ CVS
 chest non-tender
 breath sounds nml
 heart sounds nml
 see diagram (on reverse)
 decreased breath sounds
 wheezing / rates
 splinting / paradoxical movements

GASTROINTESTINAL
 non-tender
 no organomegaly
 abdomen
 tenderness / guarding / rebound
 mass / organomegaly

GENITAL / RECTAL
 nml genital exam
 nml vaginal exam
 nml rectal exam
 perineal hematoma
 blood at urethral meatus
 decreased rectal tone

NEURO / PSYCH
 oriented x3
 mood & affect
 CN / nml
 as tested
 sensation & motor nml
 confusion / disorientation
 EOM palsy / anisocoria
 facial asymmetry
 unsteady / ataxic gait
 sensory / motor deficit



DATE: 09/22/2004

09/22/2004 RN PA/NP

SKIN
 intact
 warm, dry

BACK
 no CVA
 tenderness
 no vertebral tenderness
 tenderness

EXTREMITIES
 asymmetrical
 pelvis stable
 hips non-tender
 no pedal edema
 nml ROM

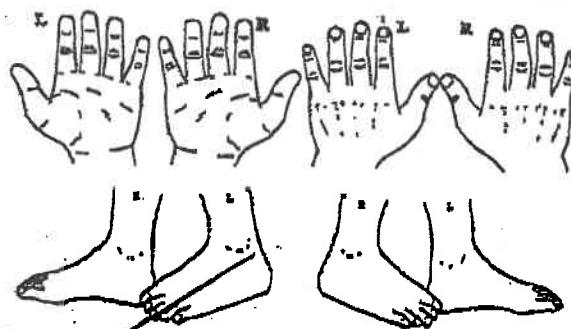
see diagram
 crepitus / diaphoresis

see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM

see diagram
 bony point-tenderness
 painful / unable to bear weight
 pulse deficit

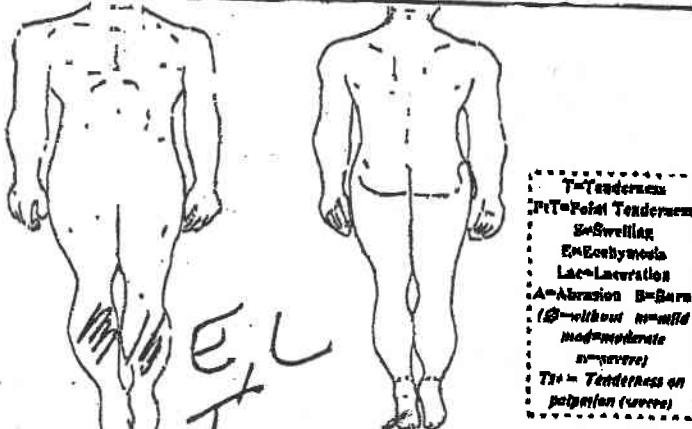
Joint Exam:

limited ROM ligaments laxity / joint effusion



XRAYS	<input type="checkbox"/> Interp. by me	<input type="checkbox"/> Reviewed by me	<input type="checkbox"/> Discard w/ radiologist
C-Spine	D-Spine	LS-Spine	
nml / NAD		reversal / straightening of cerv. lordosis	
no fracture		DJD / spondylosis / spurring	
nml alignment		Tib / Fib = Neg	
soft tissues nml			
CXR			
nml / NAD		rib fracture	
no infiltrates		Infiltrate / atelectasis	
nml heart size			
nml mediastinum			
OTHER	<input type="checkbox"/> See separate report		

CT SCAN	
normal	
Ultrasound	ED Physician
Radiology	



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LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos.	D-Dimer
sugar	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time _____ unchanged improved re-examined

Re-evaluation time _____ unchanged improved re-examined

Re-evaluation time _____ unchanged improved re-examined

This pt had leg contusions with pt. at 76 lbs and unable to bear weight to press

use template #23b for Laceration Repair

TREATMENT:

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with:

Discussed with Dr. _____ will see patient in: office / ED / hospital
 Counseled patient / family regarding: lab results diagnosis need for follow-up
 Admit orders written

CRIT CARE: 30-74 min
 75-104 min min
 Prior records ordered
 Additional history from: family caretaker paramedics

CLINICAL IMPRESSION:

contusion	injury	sprain / strain
head	wrist R/L	neck dorsal lumbar sacral
face	hand R/L	
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	
arm R/L	ankle R/L	
elbow R/L	foot R/L	
forearm R/L		

DISPOSITION: home admitted transferred
 CONDITION: unchanged improved stable

Paul Hause MD/DO *Assisting* *SC MD/DO*
 No review, Patient interview, Medical Decision Making, and Examined by physician

DATE 9/22/2004
 09/22/2004



9

BO426500486 DENNIS,JOEY
DOB: 09/12/78 Age:26Y MR #:567119
Admit Date/Time: 09/21/04 1435P
911 MOOREHOUSE,JOHN D



**Baptist Health
Emergency Room
Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS – PATIENT COPY

Weight	Phone	Allergies			Location South
MEDICINES PRESCRIBED			If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.	
Name/Strength	Number	Schedule / Duration	No Refills	Refills	
1. Darvocet N 100	# 12	= Q4-12 pr jnd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

INSTRUCTION SHEET(S) GIVEN

- Asthma Crutches
 Back Pain Fever
 Cast / Splint Care Fracture

- | | |
|---|--|
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab |
| <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea |
| <input checked="" type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> STD | <input type="checkbox"/> Other(s) |

Additional Instructions:

Return for signs of infection

- > Redness
- > Swelling
- > Drainage
- > Heat

Referred to:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Dr. _____ | <input type="checkbox"/> Phone: _____ |
| <input type="checkbox"/> Call on next business day for follow-up appointment | |
| in _____ days / weeks | |
| <input type="checkbox"/> next available | |

- Return to Emergency Dept. In _____ hours / days for recheck
 - If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
 - Learning needs assessed Instructions Modified: _____
 - Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable Instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

Instrumentation

Patient
 Relative
 Other

Time
Released

1380

Нр.

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- Patient was seen by Dr. _____

No athletics / physical education: _____ days*

May return to work / school without restrictions

Will require time off work / school. Estimated time: _____ days*

Must be reevaluated by family/occupational physician before returning to school / work.

May return to restricted duties for _____ days
Restrictions: _____

_____ was here with relative/ child.

Other: _____

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: DENNIS, JOEY
MR #: B000567119
Account #: 0426500486
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1529
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;R/O FX, MVC

Check-in No.
1788254

DENNIS, JOEY

LEFT LEG:

PA and lateral views show no fracture of the tibia or fibula. Knee and ankle are unremarkable.

IMPRESSION: NEGATIVE.

MEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

PRINTED BY: b17606

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: DENNIS, JOEY
MR #: B000567119
Account #: 0426500486
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1529
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
3595 DR-LOWER LEG ROUT RIGHT 2 VIEWS
Ord Diag: ;R/O FX, MVC

Check-in No.
1788255

DENNIS, JOEY

RIGHT LOWER LEG:

There is no fracture of the tibia or fibula. There is an oval-shaped well-defined sclerotic lesion in the proximal tibia which likely represents a healed fibrous cortical defect.

IMPRESSION: NEGATIVE, NO ACUTE FINDINGS.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.
MEF

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: DENNIS, JOEY
Unit #/Acct #: 000567119/B0426500486
Loc: E/R 09/21/04
Phys-Service: ALEXANDER, D GREGORY - EMERGENCY

In: 09/21/04 1509
Out: 09/21/04 1509
Coll Time: 09/21/04 1509
Order Phys: MOOREHOUSE, JOHN D

Page: 1

| CBC |
Spec: Bloc
Techs: VPHLB TB578
[B0426500486/52238]

Result Name	Result	*STAT*STAT*STAT*
WBC(thou/cmm):	13.7 H	4.0-10.0
RBC(mill/cumm):	5.26	4.2-5.9
Hgb(gm/dl):	16.9	13.0-17.5
Hct(%):	48.0	39-51
MCV(f1):	91	80-100
MCH(pg):	32	26-34
MCHC(%):	35	31-35
Plt ct(thou/cmm):	257	150-440
RDW(%):	11.8	11.5-14.5
Neutrophils(%):	83 H	45-75
Lymphs(%):	11 L	20-53
Monos(%):	6	2-12
Eos(%):	0	0-8
Basos(%):	0	0-2

End of Report - 09/21/04 2133P

Outpatient Summary Report

DENNIS, JOEY
000567119/B0426500486
E/R 09/21/04
(M-09/12/78)
Dr. ALEXANDER, D GREGORY



0426500486 DENNIS,JOEY



Baptist Health
I/P AND O/P
ADMISSIONS AND FACESHEET

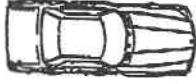
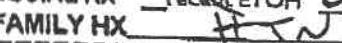
FC 18	INIT PNW
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PATIENT	NAME & ADDRESS DENNIS,JOEY PO BOX 8 ELMORE AL 36025	SSN 419-15-4645 PH# (334)567-2221 COUNTY ELMORE	EMPLOYER	EMP PH# OCC EMP STAT EMP ID. NOT EMPLOYED
SUPERVISOR	NAME & ADDRESS FACILITY,ELMORE CO CORRECTIONAL PO BOX 8 ELMORE AL 36025	DOB 09/19/69 35Y SSN (334)567-2221 PH# REL TRUST OFFICE	EMPLOYER	EMP PH# OCC EMP STAT EMP ID. NOT EMPLOYED
RELATIVE	NAME & ADDRESS	DOB AGE SEX PH# REL	EMPLOYER	EMP PH# OCC EMP STAT EMP ID.
	NAME & ADDRESS	HM PH# WK		
INSURED	INSURANCE CARRIER PRISON HEALTH SERVICES SUBSCRIBER ID# AIS #224604 GROUP PHONE# (800)729-0069 CONTACT ADDRESS 105 WESTPARK DR #200	INSURED NAME FACILITY,ELMORE CO CORRECTIONAL GROUP NAME ELMORE COUNTY CORRECTIONS APPROVAL#	INSURED NAME FACILITY,ELMORE CO CORRECTIONAL GROUP NUMBER 7 CONTACT CLAIMS DEPT CITY/STATE/ZIP BRENTWOOD	REL TO INSURED
INSURED	INSURANCE CARRIER SUBSCRIBER ID# GROUP PHONE# CONTACT ADDRESS	INSURED NAME GROUP NAME APPROVAL#	INSURED NAME GROUP NUMBER CONTACT CITY/STATE/ZIP	REL TO INSURED
INSURED	INSURANCE CARRIER SUBSCRIBER ID# GROUP PHONE# CONTACT ADDRESS	INSURED NAME GROUP NAME APPROVAL#	INSURED NAME GROUP NUMBER CONTACT CITY/STATE/ZIP	REL TO INSURED
DIAG CODE 729.5-PAIN IN LIMB		ALLERGIES		P % PT. CL.
ACCIDENT TYPE AUTO/MOTORIZED VEH		NATURE OF ACCIDENT		ACCIDENT DATE
ARRIVAL MODE HAYNES AMBULANCE		REFERRING FACILITY		CHURCH/DENOMINATION
ADMITTING PHYSICIAN 911 MOOREHOUSE,JOHN D		PRIMARY CARE PHYSICIAN NO,PCP		
ATTENDING PHYSICIAN 911 MOOREHOUSE,JOHN D		REFERRING PHYSICIAN		
LOCATION		E/R PHYSICIAN		MOOREHOUSE,JOHN D
ADMISSION TYPE EMERGENCY				



80426500499 JACKSON, MARCUS D
DOB: 12/19/78 Age: 25y MR # 567124
Admit Date/Time: 09/21/04 1442P
911 MOOREHOUSE/JOHN D

DATE 9/21/04 TIME: 1445 ROOM: 4D EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2^o TO:

HPI chief complaint: MVA Injury to L LE	
occurred: just PTA	position in vehicle: driver passenger front back
context: car collision overturned vehicle single-car accident (lost control / fell asleep / unknown cause)	
location of pain / Injuries: head face mouth neck chest gastrointestinal back upper mid- lower radiating to (R/L) thigh / leg	
mild moderate severe	associated symptoms: lost consciousness / dazed duration: remembers: impact coming to hospital seizure
site of impact: "P" = primary "S" = secondary 	restraints: none lap / shoulder doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication
PAST HX negative HTN DM	
Medi: none / see nurses note Allergies: NKDA / see nurses note SOCIAL HX recent ETOH ✓smoker drug abuse FAMILY HX 	
HX / EXAM UNOBTAINABLE 2 ^o TO:	
ROS	CVS chest pain GI nausea / vomiting GU loss of bladder function SKIN skin laceration CONST recent fever / illness

© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (\) negati

17

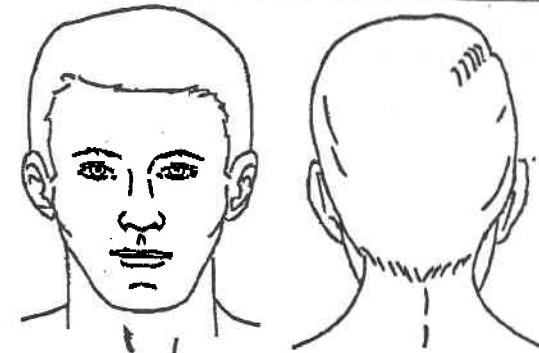
Baptist Health
EMERGENCY PHYSICIAN RECORD
MVA (5)

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun. U
PHYSICAL EXAM Alert Lethargic Anxious
Distress: NAD mild moderate severe
Other: c-collar (PTA / in ED) back-board splint

HEAD
 no evidence of trauma
NECK
 non-tender
 painless ROM
 trachea midline

 see diagram
 Battle's sign / Raccoon Eyes

 see diagram
 vertebral point-tenderness
 muscle spasm / decreased ROM
 pain on movement of neck



EYES
 PERRL EOMI

ENT
 normal external inspection
 no dental injury

RESP / CVS
 chest non-tender
 breath sounds nml
 heart sounds nml

GASTROINTESTINAL
 non-tender
 no organomegaly

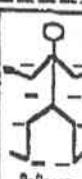
GENITAL / RECTAL
 nml genital exam
 nml vaginal exam
 nml rectal exam
 heme negative stool

NEURO / PSYCH
 oriented x3
 mood & affect
 CN's nml
 12 tested
 sensation & motor nml

see diagram (on reverse)
 tenderness / guarding / rebound
 mass / organomegaly

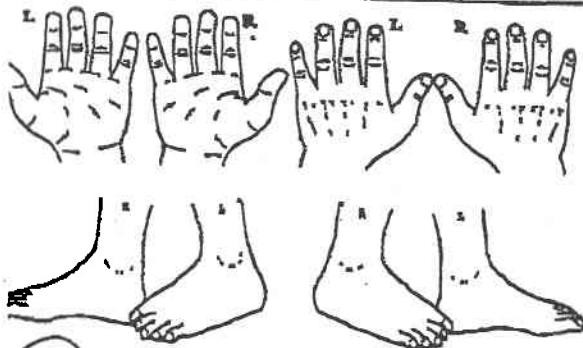
 perineal hematoma
 blood at urethral meatus
 decreased rectal tone

 confusion / disorientation
 EOM palsy / anisocoria
 facial asymmetry
 unsteady / ataxic gait
 sensory / motor deficit



SKIN
 warm, dry
JACK
 no CVA
 tenderness
 no vertebral tenderness
EXTREMITIES
 traumatic
 pelvis stable
 hips non-tender
 no pedal edema
 nml ROM

see diagram _____
crepitus / diaphoresis _____
see diagram _____
vertebral point-tenderness _____
CVA tenderness _____
muscle spasm / limited ROM _____
see diagram _____
bony point-tenderness _____
~~bent over / unable to bear weight~~ *L* *right*
pulse deficit _____
Joint Exam: *difficult*
limited ROM / ligament laxity / joint effusion _____



X-RAYS Interp. by me Reviewed by me Discussed w/ radiologist

Spine D-Spine LS-Spine
 nml / NAD
no fracture
nml alignment
soft tissues nml
LS-Spine reversal / straightening of cerv. lordosis
DJD / spondylosis / spurring _____

XR
 nml / NAD
no infiltrates
nml heart size
nml mediastinum
rib fracture
Infiltrate / atelectasis _____

OTHER See separate report

Tib-fx - No fx

CT SCAN
normal _____

T.S.

T.P.T = Tenderness
PTT = Point Tenderness
Swelling
Ecchymosis
Laceration
A=Abreast B=Bone
(G=without tenderness)
mod=Moderate
sever=Severe
Txy = Tenderness on
palpation (severe)

T.S.

LABS and PROGRESS

CBC	Chemistries	CO ₂
normal except	normal except	
WVBC	BUN	C ₄
Hgb	Creat	Bilirubin
Hct	Gluc	Magnesium
Platelets	Alk Phos	BNP
segs	Cl	D-Dimer
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time *1601* unchanged improved re-examined
Re-evaluation time _____ unchanged improved re-examined
Re-evaluation time _____ unchanged improved re-examined

Pt - unable to bear weight
w/o

No compensable synovitis

use template #23b for Laceration Repair
TREATMENT:

- Fluids IV
- Analgesics PO IM IV
- Antibiotics PO IM IV

MEDICAL DECISION:
Fracture Care: Follow up with orthopedic within 48 hours

Rx: strapping

Follow up with:
Discussed with Dr. _____
will see patient in: office / ED / hospital _____
Counseled patient/family regarding lab results *diagnosis* need for follow-up _____
Admit orders written _____
CRIT CARE: 30-74 min
75-104 min _____ min
Prior records ordered _____
Additional history from: family caretaker paramedics _____

CLINICAL IMPRESSION:		
contusion	Injury	MVA
head	Wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder	R/L <i>tx</i> R/L	
arm	R/L ankle R/L	
elbow	R/L foot R/L	
forearm	R/L	
		Conclusion
		with LOC w/o LOC
		laceration

HEN - Blg. Dry / Crust

DISPOSITION: home admitted transferred
CONDITION: unchanged improved stable

Resident *MD / DO* *MD / DO*
By my review, Patient interviewed, Medical Decision Making, and Examined by
Physician.



ER RECORD - Adult / Adolescent

Regular M.D.:	<input checked="" type="checkbox"/>	Notified:	
Immunization Hx: Tetanus	<input checked="" type="checkbox"/> UTD	<input type="checkbox"/> not UTD	
Allergies:	<i>nka</i>		
LMP:	<i>menstrual</i>	Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Home Meds:	<i>(empty)</i>		

AGE SPECIFIC CARE			
13-18 yrs (Adolescent)			
(Menarche started? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)	Age at onset?	Regular <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
>65 yrs (Older Adults)			
Assisting Devices: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes (list):			
Living arrangements: <input type="checkbox"/> Lives alone <input checked="" type="checkbox"/> Family/Significant Others			
<input type="checkbox"/> Extended Care Facility			

PLAN OF CARE	
Problems:	Intervention
<input type="checkbox"/> Anxiety/Fear <input type="checkbox"/> Body Temp. Alt. In <input type="checkbox"/> Comm. Alt. In <input type="checkbox"/> Coping Alt. In <input type="checkbox"/> Elimination Alt. In <input type="checkbox"/> Fluid Vol., Def/Ex <input type="checkbox"/> Infection Potential <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Abuse Potential (refer to Social Services) <input type="checkbox"/> Pain	<input type="checkbox"/> Nutrition (refer to Dietician) <input type="checkbox"/> Knowledge Deficit <input type="checkbox"/> Neuro Status <input type="checkbox"/> Physical Mobility Impairment <input type="checkbox"/> Resp. Function Alt. <input type="checkbox"/> Skin Integrity, Alt. In <input type="checkbox"/> Cultural/Religion <input type="checkbox"/> Language
<input type="checkbox"/> Anti-Puritic <input type="checkbox"/> Sling/Splint <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Teaching <input type="checkbox"/> DSG/Wound Care <input type="checkbox"/> Lab <input type="checkbox"/> Emotional support <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> Ice/Elevate <input type="checkbox"/> Meds As Ordered <input type="checkbox"/> I & O <input type="checkbox"/> Oz <input type="checkbox"/> Other _____	
Time To: <i>1030</i> Area: <i>15</i> Rm # <i>ROW SEAT</i>	

25

Patient Label			
TRIAGE CAT.			
1) RED - Immediate	2) YELLOW - Urgent	3) GREEN - Non-Urgent	
Vital Signs			
BP <i>150/100</i>	P <i>100</i>	R <i>140</i>	T <i>98</i>
SPO ₂ <i>98</i>			
CHIEF COMPLAINT AND HISTORY			
<i>SO lower leg pain pt was in van in 2nd</i>			
Analgesia Scale IVAS 0-10 /10 0 (no pain) 10 (worst)			

GENERAL APPEARANCE & MENTAL STATUS					
General	Skin Temp	Respiration	Pulse	Mental Status	
<input type="checkbox"/> NAD	<input checked="" type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input checked="" type="checkbox"/> Alert	
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented	
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate	
<input type="checkbox"/> Pink	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious	
<input type="checkbox"/> Skin Color	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative	
<input type="checkbox"/> Jaundiced	<input type="checkbox"/> Jaundiced	<input type="checkbox"/> Crackles	<input type="checkbox"/> Normal	<input type="checkbox"/> Unresponsive	
Visual Acuity: O.S.: <i>O.D.</i> O.U.: <i>O.U.</i>					
Weight: <i>98</i> stated / measured					
Triage Nurse Signature: <i>J. Bellair</i>					

VITAL SIGNS					
Time	B.P.	Temp.	Pulse	Resp.	O ₂ Sat.

LAB					
<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma				
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma				
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input type="checkbox"/> ETOH				
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG				
<input type="checkbox"/> Amylase	<input type="checkbox"/> I-Stat <input type="checkbox"/> _____				
<input type="checkbox"/> Chem Profile 7 <input type="checkbox"/> Uppse	<input type="checkbox"/> Chem Profile 12 <input type="checkbox"/> PT/PTT				
X-RAY					
<input type="checkbox"/> Chest	<input type="checkbox"/> Abd				
<input type="checkbox"/> Portable	<input type="checkbox"/> _____				
<input type="checkbox"/> CT	e/e				

DISCHARGE					
Date: <i>9/21/04</i>	Type: <i>1009</i>				
D.C. Rx: <i>Rabat</i>					

DISPOSITION					
<input type="checkbox"/> Home	<input type="checkbox"/> Exit via Walk				
<input type="checkbox"/> Admit	<input type="checkbox"/> Carried				
<input type="checkbox"/> Surgery	<input type="checkbox"/> WC				
<input type="checkbox"/> Transfer	<input type="checkbox"/> Stretcher				
<input type="checkbox"/> EXP	<input type="checkbox"/> Ambulance				
<input type="checkbox"/> AMA	<input type="checkbox"/> Self				
<input type="checkbox"/> LWT	<input type="checkbox"/> Fam/Friend				
<input type="checkbox"/> SNF	<input type="checkbox"/> Police				
<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> M.D. Office					

NURSE'S NOTES

PHYSICIAN'S ASSESSMENT

CROSSES

Medications	Dose	Route	Time	Site	Nurse	Certified Medical Emergency <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						Diagnosis: <input type="checkbox"/> See T Sheet
						Condition On Discharge
						Discharge Signature



%

80426500499 JACKSON, MARCUS D
 DOB: 12/19/78 Age: 25Y MR #567124
 Admit Date/Time: 09/21/04 1442P
 911 MOOREHOUSE, JOHN D



Baptist Health Emergency Room Discharge Instructions

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies			Location: South
MEDICINES PRESCRIBED			If none, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.	
Name/Strength			Number	Schedule / Duration	No Refills
1. Tylenol 650 mg 30 tabs per day					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> STD <input type="checkbox"/> Other(s) | | | |

- Return for signs of infection
 Redness
 Swelling
 Drainage
 Heat

Additional instructions:

See, Clean
 Cough
 See Doctor
 See Doctor

Referred to:

- Dr. _____
 Phone: _____
 Call on next business day for follow-up appointment
 In _____ days / weeks next available

- Return to Emergency Dept. in _____ hours / days for recheck
 If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
 Learning needs assessed Instructions Modified:
 Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient
 Relative
 Other

Time Released > 16:00 Hr

Instructed By:

Marcus Jackson
 R. Roberts Jr.

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- Patient was seen by Dr.
 No athletics / physical education: _____ days*
 May return to work / school without restrictions
 Will require time off work / school. Estimated time: _____ days*
 Must be reevaluated by family / occupational physician before
- May return to restricted duties for _____ day:
 Restrictions: _____
- _____ was here with relative/ child.
 Other: _____

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: JACKSON, MARCUS D
MR #: B000567124
Account #: 0426500499
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1526
Patient's Room: E/R
Patient Type: E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;R/O FX, MVC

Check-in No.
1788266

JACKSON, MARCUS D.

LEFT LEG:

There is no fracture of the tibia or fibula. NO bony lesions are seen.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P. ORILLE, M.D.
MEF

From: DMC SOUTH MED RECORDS

1 334 266 3343

09/22/2004 10:55 #424 P.028

11 09/21/04

426500499 09/21/04 1442P

M 12/19/78 25Y 2 U O E/R ER E/R /

56712

JACKSON, MARCUS D
P.O. BOX 8
ELMORE CO CORRECTIONAL FA
ELMORE AL 36025

419-08-1341
(334)288-2100
ELMORE

NOT EMPLOYEE

JACKSON, MARCUS D
P.O. BOX 8
ELMORE CO CORRECTIONAL FA
ELMORE AL 36025

12/19/78 25Y
419-08-1341
(334)288-2100
SELF

NOT EMPLOYEE

959.7-LOWER LEG INJURY NOS

U %

OTHER

911 MOOREHOUSE, JOHN D

911 MOOREHOUSE, JOHN

11 09/21/04

EMERGENCY

1

ED

ARD 09/21/04 YES
MOOREHOUSE, JOHN D

PRINTED BY: b17606

DATE 9/22/2004



ER RECORD - Adult / Adolescent

Regular M.D.: DR Notified:Immunization Hx: Tetanus UTD not UTD

Allergies:

LMP: none Pregnant? Yes No Unsure

Home Meds:

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? Yes No Age at onset? _____ Regular Yes No)

>65 yrs (Older Adult)

Assisting Devices: None Yes (list):Living arrangements: Lives alone Family/Significant Others Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Nutrition (refer to Dietitian)
<input type="checkbox"/> Body Temp, Alt. In	<input type="checkbox"/> Knowledge Deficit
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> Neuro Status
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Physical Mobility Impairment
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Fluid Vol., Del/Ex	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Ice/elevate
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Resp. Function Alt.
<input type="checkbox"/> Abuse Potential (refer to Social Services)	<input type="checkbox"/> Skin Integrity, Alt. In
<input type="checkbox"/> Pain	<input type="checkbox"/> Cultural/Religion
	<input type="checkbox"/> Language

Time To Rx Area: 143 Am # B

NURSE'S NOTES

PHYSICIAN'S ASSESSMENT

ORDERS

Medications	Dose	Route	Time	Site	Nurse	Certified Medical Emergency <input type="checkbox"/> YES <input type="checkbox"/> NO	Diagnosis: <input type="checkbox"/> See T Sheet	Condition On Discharge	Physician Signature	DISPOSITION	EXIT VIA
										<input type="checkbox"/> Home	<input type="checkbox"/> Walk
										<input type="checkbox"/> Admit	<input type="checkbox"/> Canceled
										<input type="checkbox"/> Surgery	<input type="checkbox"/> WC
										<input type="checkbox"/> Transfer	<input type="checkbox"/> Stretcher
										<input type="checkbox"/> EXP	<input type="checkbox"/> Ambulance
										<input type="checkbox"/> AMA	<input type="checkbox"/> ACCOM. BY
										<input type="checkbox"/> LWT	<input type="checkbox"/> Self
										<input type="checkbox"/> SNF	<input type="checkbox"/> Fam/Friend
										<input type="checkbox"/> Other	<input type="checkbox"/> Police
										<input type="checkbox"/> M.D. Office	<input type="checkbox"/> Other

Johnson - person not given LC + dc instructions
Pb. DAD

Date: 9/21/04 Time: 1430
D.O.R. DR

LAB

- CBC
- Cardiac
- Urinalysis
- Liver Profile
- Amylase
- Chem Profile 7 Usgase
- Chem Profile 12 PT/PTT

X-RAY

- Chest
- Abd
- Portable
- CT

DISCHARGE

Date: 9/21/04 Time: 1720
D.O.R. DR

DISPOSITION

- Home
- Admit
- Surgery
- Transfer
- EXP
- AMA
- LWT
- SNF
- Other
- M.D. Office

EXIT VIA

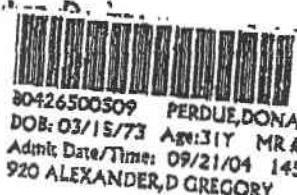
- Walk
- Canceled
- WC
- Stretcher
- Ambulance
- ACCOM. BY
- Self
- Fam/Friend
- Police
- Other

Condition On Discharge

Physician Signature

09/22/2004 14:30 1430 9/21/04 1720

(R) Shout



%

80426500509 PERDUE, DONALD C
DOB: 03/15/73 Age: 31Y MR #567125
Admit Date/Time: 09/21/04 1453P
920 ALEXANDER, D GREGORY

DATE: 9/21/04 TIME: 1440 ROOM: 4A EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2^o TO:

HPI chief complaint: Injury to:

occurred:
- just PTA
- today
- yesterday
- days PTA

where:
- home
- neighbor's
- work
- school
- city park
- street

context:

Dept of Cork. Van struck
by motorist

location of pain /Injuries:

head face mouth
neck chest
gastrointestinal
back upper mid-lower
radiating to R/L thigh/leg

	-right-	shldr	hip	-left-	shldr	hip
	arm	thigh	knee	arm	thigh	knee
	elbow	knee	leg	elbow	knee	leg
head				hand		
face				foot		
mouth						
neck						
chest						
gastrointestinal						
back						
upper						
mid						
lower						
radiating to R/L						
thigh/leg						

severity of pain:

mild

moderate 6/10

severe

associated symptoms:

lost consciousness / dazed
duration:
remembers:
impact coming to hospital
seizure

PAST HX negative
PTV DM

Medic: none / see nurses note
Allergies: NKDA / see nurses note

SOCIAL HX recent BTOH smoker drug abuse
FAMILY HX WTN

HX / EXAM UNOBTAINABLE 2^o TO:

ROS all systems neg except mild

NEURO

loss of feeling / power arms/legs
headache

EYES

double vision

ENT

hearing loss

RESPIRATORY

trouble breathing

CVS

chest pain

GI

nausea / vomiting

GU

loss of bladder function

SKIN

skin laceration

CONST

recent fever / illness

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18

Baptist Health

EMERGENCY PHYSICIAN RECORD
Multiple Trauma (5) Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun. U1 PHYSICAL EXAM Alert Lethargic AnxiousDistress: NAD mild moderate severeOther: collar (PTA / in ED) back-board splintHEAD

no evidence of trauma

see diagram

Battle's sign / Raccoon Eyes

NECK

non-tender
 painless ROM

see diagram

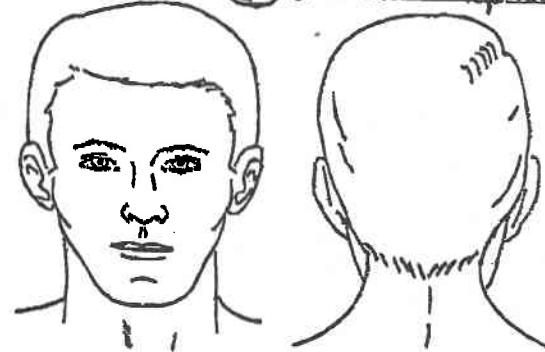
vertebral point-tenderness

trachea midline

muscle spasm / decreased ROM

pain on movement of neck

(R) Shoulder pain

EYES

PERRL

 EOMI

unequal pupils R mm L mm

EOM entrapment / palsy

subconjunctival hemorrhage

ENT

nml external inspection

hemotympanum

no dental injury

TM obscured by wax

clotted nasal blood

dental injury / malocclusion

RESP / CVS

chest non-tender

see diagram (on reverse)

breath sounds nml

decreased breath sounds

heart sounds nml

wheezing / rales

splinting / paradoxical movements

GASTROINTESTINAL

non-tender

see diagram (on reverse)

no organomegaly

tenderness / guarding / rebound

mass / organomegaly

GENITAL / RECTAL

nml genital exam

perineal hematoma

nml vaginal exam

blood at urethral meatus

nml rectal exam

decreased rectal tone

heme negative stool

NEURO / PSYCH

oriented x3

confusion / disorientation

mood & affect

EOM palsy / anisocoria

CNs nml

facial asymmetry

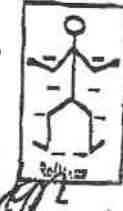
gait tested

unsteady / ataxic gait

sensation &

sensory / motor deficit

motor nml



SKIN
 intact
 warm, dry

BACK
 no CVA tenderness
 no vertebral tenderness

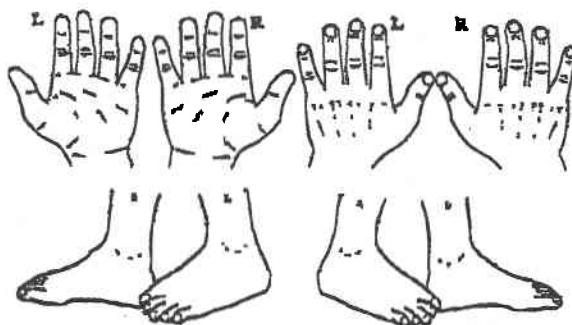
EXTREMITIES
 traumatic
 pelvis stable
 hips non-tender
 no pedal edema
 nml ROM

see diagram _____
crepitus / diaphoresis _____

see diagram _____
vertebral point-tenderness _____
CVA tenderness _____
muscle spasm / limited ROM _____

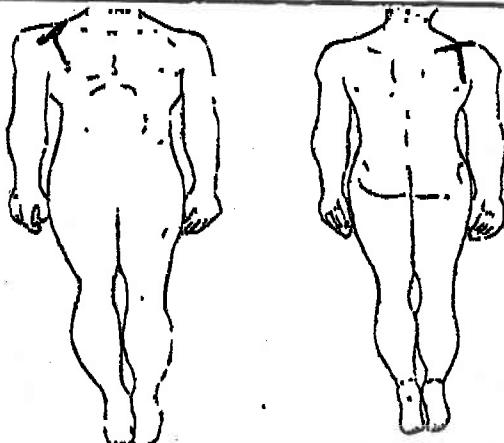
see diagram _____
bony point-tenderness _____
painful / unable to bear weight _____
pulse deficit _____

Joint Exam:
limited ROM / ligaments laxity / joint effusion



XRAYS			
<input type="checkbox"/> Interp. by me <input type="checkbox"/> Reviewed by me <input type="checkbox"/> Discsd w/ radiologist			
C-Spine	D-Spine	LS-Spine	
nml / NAD		reversal / straightening of cerv. lordosis	
no fracture		DJD / spondylosis / spurring	
lml alignment			
soft tissues nml			
CXR			
nml / NAD	rib fracture		
no infiltrates	infiltrate / atelectasis		
nml heart size			
nml mediastinum			
OTHER <input type="checkbox"/> See separate report			

CT SCAN	
normal	
Ultrasound	ED Physician _____
Radiology	



T=Tenderness
PT=Point Tenderness
S=Swelling
E=Erythema
L=Laceration
A=Abrasion B=Burn
M=Mild C=moderate
H=Severe
TSS = Tenderness on palpation (severe)

LABS and PROGRESS

CBC	Chemistries	CO2 _____
normal except WBC _____	normal except BUN _____	Ca _____
Hgb _____	Creat _____	Bilirubin _____
Hct _____	Gluc _____	Magnesium _____
Platelets _____	Alk Phos _____	BNP _____
segm. _____	Cl _____	D-Dimer _____
bands _____	ALT _____	
lymphs _____	AST _____	
mono. _____	Na _____	
eos. _____	K _____	

Re-evaluation time 1653 unchanged Improved re-examined

Re-evaluation time _____ unchanged Improved re-examined

Re-evaluation time _____ unchanged Improved re-examined

D2567-9190 RA -n/a -J

use template #23b for Laceration Repair

TREATMENT:

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Box given

Follow up with:

Discussed with Dr. _____
will see patient in: office / ED / hospital
C counseled patient / family regarding:
lab results Disease need for follow up
Admit orders written

CRIT CARE- 30-74 min

75-104 min _____ min

Prior records ordered

Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

contusion	Injury	sprain / strain
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	concussion
arm R/L	ankle R/L	with LOC w/o LOC
elbow R/L	foot R/L	
forearm R/L		laceration

DISPOSITION- CONDITION- home admitted transferred
 unchanged improved stable

Resident MD / DO X *[Signature]* MD / DO X *[Signature]*
[Checklist] In review. Patient interviewed, Medical Decision Making, and Examined by
Physician 08/22/2004 WED 19:40 FTM/MV NO 21101 Page 38

80426500509 PERDUE, DONALD C
DOB: 03/15/73 Age: 31Y MR #: 567125
Admit Date/Time: 09/21/04 1453P
920 ALEXANDER, D GREGORY

Baptist Health
Emergency Room
Discharge Instructions

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies				Location South
MEDICINES PRESCRIBED			If non, check this box: <input type="checkbox"/>		VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.	
Name/Strength	Number		Schedule / Duration		No Refills	Refills
1. Flexeril #3 230 tab q4h prn po					<input type="checkbox"/>	
2.					<input type="checkbox"/>	
3. Flexeril 10mg #30 i fil					<input type="checkbox"/>	
4.					<input type="checkbox"/>	
5.					<input type="checkbox"/>	

INSTRUCTION SHEET(S) GIVEN:

- Asthma
- Back Pain
- Cast / Splint Care
- Crutches
- Fever
- Fracture

- Head Injury
- Otitis Media
- Sprains / Bruises
- STD

- Threatened Ab
- Vomiting / Diarrhea
- Wound Care
- Other(s)

Return for signs of Infection
> Redness
> Swelling
> Drainage
> Heat

Additional Instructions:

Recheck
Rev as needed

Referred to:

- Dr. _____
- Phone: _____
- Call on next business day for follow-up appointment
in _____ days / weeks next available

- Return to Emergency Dept. in _____ hours / days for recheck
- If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
- Learning needs assessed Instructions Modified:
- Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient
- Relative
- Other

Time Released > **1120** Hrs

Instructed By:

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- Patient was seen by Dr. _____
- No athletics / physical education: _____ days*
- May return to work / school without restrictions
- Will require time off work / school. Estimated time: _____ days*
- Must be reevaluated by family / occupational physician before returning to school / work
- May return to restricted duties for _____ days
Restrictions: _____
- _____ was here with relative/ child.
- Other: _____

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1559
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788271

PERDUE, DONALD C

AP CHEST:

HISTORY: Motor vehicle accident.

Heart and mediastinal structures are unremarkable. Lungs are clear of infiltrate and effusions. Visualized osseous structures are normal.

IMPRESSION:

NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1600
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
2050 DR-CERVICAL SPINE ROUTINE
Ord Diag: ;MVA

Check-in No.
1788272

PERDUE, DONALD C

CERVICAL SPINE:

HISTORY: Motor vehicle accident.

Multiple views show cervical vertebral bodies to be of normal alignment. There is no subluxation or fracture. The odontoid is intact. The lateral masses of C1 maintain normal alignment at the body of C2. AP and oblique views are unremarkable. There are some scattered metallic fragments in the soft tissue of the right side of the neck, which maybe from a previous gunshot wound.

IMPRESSION:

NEGATIVE, NO ACUTE FINDINGS.

CW

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1600
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
3030 DR-SHOULDER RT 2-3 VIEWS
Ord Diag: ;MVA

Check-in No.
1788273

PERDUE, DONALD C

RIGHT SHOULDER:

HISTORY: Motor vehicle accident.

Three views show no fracture or dislocation of the glenohumeral joint. Scapula, clavicle, and visualized ribs are unremarkable.

IMPRESSION:

UNREMARKABLE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW



ER RECORD - Adult / Adolescent

Regular M.D.:

Notified:

Immunization Hx: Tetanus UTD not UTD

Allergies:

LMP: _____

Pregnant? Yes No Unsure

Home Meds: _____

80426500480 LACO,PAUL
 DOB: 11/06/66 Age:37Y MR.#:567117
 Admit Date/Time: 09/21/04 1429P
 Room: 920 ALEXANDER,D GREGORY

%

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs

BP

 See T Sheet

P

R

T

SPO₂

CHIEF COMPLAINT AND HISTORY

*Open Trauma
Sheet*

Analgesia Scale IVAS 0-10 /10 0 (no pain) 10 (worst)

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? Yes No Age at onset? _____ Regular Yes No)

65+ yrs (Older Adult)

Assisting Devices: None Yes (list): _____Living arrangements: Lives alone Family/Significant Others
 Extended Care Facility

PLAN OF CARE

<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Nutrition (refer to Dietitian)
<input type="checkbox"/> Body Temp, Alt. In	<input type="checkbox"/> Knowledge Deficit
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> Neuro Status
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Physical Mobility
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Impairment
<input type="checkbox"/> Fluid Vol., DifEx	<input type="checkbox"/> Resp. Function Alt.
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Skin Integrity, Alt. In
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Cultural/Religion
Abuse Potential (refer to Social Services)	
<input type="checkbox"/> Pain	<input type="checkbox"/> Language

Problems	Intervention
<input type="checkbox"/> Anti-Puritic	<input type="checkbox"/> Sling/Splint
<input type="checkbox"/> Bleeding Control	<input type="checkbox"/> Teaching
<input type="checkbox"/> DSG/Wound Care	<input type="checkbox"/> Labs
<input type="checkbox"/> Emotional support	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Ice/Elevate	<input type="checkbox"/> Meds As Ordered
<input type="checkbox"/> I & O	<input type="checkbox"/> O ₂
<input type="checkbox"/> Other _____	

Time To Tx Area: _____ Rm #: _____

GENERAL APPEARANCE & MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input type="checkbox"/> NAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
Skin Color	Skin Moisture	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	<input type="checkbox"/> Neuro Status	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Apneic	<input type="checkbox"/> Normal	<input type="checkbox"/> Tearful
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Retraction	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Stridor	<input type="checkbox"/> O.D.: _____	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____	O.D.: _____	O.U.: _____	

<input type="checkbox"/> Social Services	<input type="checkbox"/> PT
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Dietitian
<input type="checkbox"/> DHR Referral	<input type="checkbox"/> Coroner
<input type="checkbox"/> Police Notified	

Weight: _____ stated / measured

Triage Nurse _____ Date _____ Time _____

Signature: _____

VITAL SIGNS

Time	<i>See T Sheet</i>
B.P.	<i>HTN</i>
Temp.	<i>98.6</i>
Pulse	<i>110</i>
Resp.	<i>16</i>
O ₂ Sat.	<i>98</i>

LAB

<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input type="checkbox"/> ETOH
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG
<input type="checkbox"/> Amylase	<input type="checkbox"/> H-Stab <input type="checkbox"/> _____
<input type="checkbox"/> Chem Profile 7 <input type="checkbox"/> Lipase	<input type="checkbox"/> Chem Profile 12 <input type="checkbox"/> PT/PTT
<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Abd
<input type="checkbox"/> Portable	<input type="checkbox"/> Q
<input type="checkbox"/> CT	<input type="checkbox"/> e/e

DISCHARGE

Date _____ Time _____

D.L. RN _____

John Doe

DISPOSITION

EXIT VIA

<input type="checkbox"/> Home	<input type="checkbox"/> Walk
<input type="checkbox"/> Admit	<input type="checkbox"/> Canceled
<input type="checkbox"/> Surgery	<input type="checkbox"/> WC
<input type="checkbox"/> Transfer	<input type="checkbox"/> Stretcher
<input type="checkbox"/> EXP	<input type="checkbox"/> Ambulance
<input type="checkbox"/> AMA	<input type="checkbox"/> Self
<input type="checkbox"/> DWT	<input type="checkbox"/> Farm/Friend
<input type="checkbox"/> DSNF	<input type="checkbox"/> Police
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> M.D. Office	

*Critical Care Timo
excluding Procedure*

ORDERS

PHYSICIAN'S ASSESSMENT

NURSE'S NOTES

*John Doe*_____
John Doe

'CONSULT%
BAPTIST HEALTH
0470
LACO, PAUL ""
B0426500480
B000567117

I was asked by Dr. Daly to evaluate Mr. Laco for a left pneumothorax. Mr. Laco was a gentleman in a van that was involved in a motor vehicle accident. He was the passenger. He presents with a pelvic fracture and left pneumothorax. He had a chest tube placed in the Emergency Department. He is now being admitted for further management.

PAST MEDICAL HISTORY/PAST SURGICAL HISTORY: Insignificant

DRUG ALLERGIES: None known

SOCIAL HISTORY/FAMILY HISTORY: Noncontributory

REVIEW OF SYSTEMS: As above

PHYSICAL EXAMINATION: Well developed, well nourished gentleman in no apparent distress. Blood pressure 140/70, pulse rate is 92, respirations are 18. Pupils are equal and reactive. He is anicteric. His trachea is midline. He has good carotid upstroke.

LUNGS: Clear anteriorly.

ABDOMEN: Benign.

HEART: Heart sounds are regular without any murmurs.

EXTREMITIES: Warm with good distal pulses. He has no cyanosis, clubbing, or edema.

NEUROLOGICAL: Grossly intact

In summary, Mr. Laco is a 37 year old gentleman with a left pneumothorax, status post motor vehicle accident. His lung sounds are clear. He has no air leak. The chest tube can be discontinued and we will get a followup chest x-ray.

SK/ / bc STEPHEN KWAN, M.D.
D: 09/22/2004
T: 09/22/2004

D: 09/22/2004
T: 09/22/2004
bc

HOSPITALS &
BAPTIST HEALTH
0271
TACO, PATI. NR
804265D0430
8000567117

BRIEF COMPLAINT: Involved in a motor vehicle accident.

HISTORY OF PRESENT ILLNESS: The patient is a 37-year-old inmate who was in a van involved in a motor vehicle accident. He apparently initially had a low blood pressure on the scene of about 80-90 but on arrival in the emergency room his blood pressure was around 130. He has not required fluid resuscitation in the emergency room. He complains primarily of left-sided chest pain and some back pain. He is also short of breath. In the emergency room, he was found to have a left-sided pneumothorax and a chest tube was placed. I am now asked to see him for further evaluation.

PAST MEDICAL HISTORY: No previous history of cardiac, pulmonary or renal problems. He does have a history of an old pelvic injury for which he claims to take OxyContin and Lortab on a regular basis.

MEDICATIONS: In Prison, apparently none. He claims to have been on OxyContin 80 mg t.i.d. and Lortab 25 mg b.i.d. as well as Xanax.

ALLERGIES: NKA.

SOCIAL HISTORY: He smokes cigarettes. He complains of chronic pain.

PHYSICAL EXAMINATION:

GENERAL: This is a 37-year-old male in no acute distress

VS: P 90, R 20, BP 140/88. T afebrile.

HEART: Sclerae are nonicteric. Crouparynx is clear. The neck is supple. There is no cervical or supraclavicular adenopathy. No thyromegaly or bruits. The neck is non-tender. The trachea is in the midline.

LUNGS: Clear on the right. He has equal breath sounds bilaterally. He has a left chest tube placed.

ABDOMEN: Soft, nondistended and no palpable masses.

RECTAL: Exam reveals normal tone

EXT: Good range of motion. No edema.

NECK: He is alert and oriented

IMPRESSION: LEFT PNEUMOTHORAX.

PLAN: He will be admitted for management of his chest tube.

DANIEL M. DAILY, M.D.

D: 09/21/2004
T: 09/22/2004
MD

PRINTED BY: b17606 DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D
MR #: BC00567117
Account #: 0426500480
Attending Physician: DALY, JAMES M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exam: CT ABDOMEN W/CTC IV CONTRAST
4-72 CT ABDOMEN W/CTC IV CONTRAST
Ord Diag: ;N/A

Check-in No.
1738220

LACO, PAUL D.

CT RECOMM:

HISTORY: N/A

Abdominal organs enhance in a normal and uniform fashion with no evidence of solid organ injury. The liver is slightly lower in attenuation than the spleen but this suggests fatty infiltration. No free intraperitoneal gas or fluid is seen and no adenopathy. No fractures are seen. There are degenerative changes of the lumbar spine.

IMPRESSION: NEGATIVE, NO EVIDENCE OF SOLID ORGAN INJURY.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTIE, M.D.
MEF

EMPIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL J.
MR #: B005571-7
Account #: 042650048C
Attending Physician: DAVIS, DANIEL M.

Date Performed: 09/21/04 1606
Patient's Room: SIC-SIC-02
Patient Type: /3

Exam: CT-CERVICAL SPINE W/O CONTRAST
Ref: 0458
Cond Diag: ?MVA

Check-In No.
1788221

LACO, PAUL J.

CT CERVICAL SPINE:

Cervical vertebral bodies are normal alignment. Vertebral body heights and disc spaces are preserved. There is no evidence of subluxation or fracture. The odontoid is intact. Lateral masses of C1 maintain normal alignment with C2.

On the axial images, there is thin transverse lucency through the lamina of C2, however, after viewing the sagittal and coronal images, I believe these represent intrinsic foramina and are not fractures. There is no abnormal widening of paravertebral soft tissues.

IMPRESSION: NEGATIVE FOR FRACTURE OR SUBLUXATION.

/READ BY/ GORECON V SYKES, M.D.
/Electronically Signed By/ OSCAR P OPILIS, M.D.

MCF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA, 36111
RADIGOGY REPORT

Patient Name: LACO, PAUL D
MR #: 300055717
Account #: 0426300000
Attending Physician: DALY, DANIEL M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type:I/2

Ram
2-30 CT-CHEST W CONTRAST
Ord diag: JAVA

Check-In No.
1788222

LACO, PAUL D.

CT THORAX W/CONTRAST:

There is no mediastinal hematoma. The aorta is well opacified with no evidence of dissection. There is a very small anterior left pneumothorax, however, a left-sided chest tube is in place. A small amount of subcutaneous emphysema overlies the left lateral hemithorax.

There are small bilateral pleural effusions and some minimal infiltrate or subsegmental atelectasis at the lung bases. Remaining lung zones are clear with no pulmonary air space opacities to suggest pulmonary hemorrhage or contusion. No rib fractures are seen.

IMPRESSION:

- 1) SMALL LEFT PNEUMOTHORAX BUT CHEST TUBE IS IN PLACE.
- 2) SMALL BILATERAL PLEURAL EFFUSIONS WITH SOME SUBSEGMENTAL ATTELECTASIS OR INFILTRATE AT THE LUNG BASES.

/READ BY/ GORDON V SMITH, M.D.
/E-electronically Signed By/ OSCAR P ORTIE, M.D.

MEP

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
PATHOLOGY REPORT

Patient Name: LACO, PHIL D
MR #: B000567117
Account #: J426500480
Attending Physician: DALLY, DANIEL M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exam
#176 CR-PELVIS W CONTRAST
Ord Diag: / / /

Check-in No
1783223

LXXXI

HUKUOKA: 4124

No free air or fluid is seen. There are no pelvic masses. The ordinary bladder is collapsed around a Foley catheter balloon. There has been no extravasation of excreted contrast from the bladder into the peritoneal cavity.

There is deformity with cortical thickening of each superior pubic ramus indicative of old Fractures. There is a lucency in the left superior pubic ramus seen on image #5, series 11 which surrounding sclerosis is probably related to old trauma. However, IF patient is tender in the right groin, then an acute, incomplete fracture would be suspected. There are screws traversing the left sacroiliac joint.

MESSAGES

- 2) NO RESTRAINTING INJURY.
EVIDENCE OF PREVIOUS FRACTURES OF THE SUPERIOR PUBIC RAMI,
HOWEVER, ON THE RIGHT SIDE, THERE IS AN IRREGULAR LUXURCY IN THE
AREA OF SCLEROSIS OF THE PUBLIC RAMUS. IF THERE IS TENDERNESS IN
THE RIGHT GROIN, THEN AN ACUTE INCOMPLETE FRACTURE OF THE RIGHT
SUPERIOR PUBIC RAMUS MIGHT BE SUSPECTED.

MEP
READ BY/ GORDON V SMITH, M.D.
BE ACTORIALLY SIGNED BY/ OSCAR P ORTIE, M.D.

PRINTED BY: b17606 DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL C
MR #: BC00557117
Account #: 0426500480
Attending Physician: DALEY, DANIEL M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: /P

Exam
0450 CT-HEAD WITHOUT IV CONTRAST
Ord Diag: ;MVA

Check-in #:
1788224

LACO, PAUL C.

CT HEAD W/O CONTRAST:

HISTORY: MVA

Unenhanced axial images were obtained from the skull base to the vertex.

Evaluation of the posterior fossa is normal. The region of the sella turcica is unremarkable.

Supra-serrally, there is no infarct or hemorrhage. There is no intra or extra-axial mass. Ventricular system is midline and normal in configuration.

Review of the skull and visualized paranasal sinuses is unremarkable.

IMPRESSION: NORMAL.

/REB/AD 3Y/ GORCOW V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTME, M.D.

XEP

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D.
MR #: H00C567117
Account #: 0426500148C
Attending Physician: ALEXANDER, D. GREGORY

Date Performed: 09/21/04 1455
Patient's Room: E/3
Patient Type:E/R

Exam: US-ABDOMEN LIMITED
Ord Diag: ?MVA

Check-in No.
1788225

LACO, PAUL D.

ABDOMEN ULTRASOUND:

History: Motor vehicle accident, abdominal pain.

Findings: Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of the abdominal organs are normal.

IMPRESSION: NEGATIVE.

/READ BY/ GORECKI V SMITH, M.D.
/ELECTRONICALLY SIGNED BY/ GORECKI V SMITH, M.D.

JHR

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D.
MR #: E3005571-7
Account #: 0426500480
Attending Physician: ALEXANDER D GREGORY

Date Performed: 09/21/04 1440
Patient's Room: R/R
Patient Type:E/3

Exam
10-3 DR-CHEST PA CR A/P CNE VIE
Origi Diag: ?MVA

Check-in No.
1788227

LACO, PAUL D.

AP CHEST:

HISTORY: MVA

There is a chest tube on the left. No pneumothorax is seen. Areas of pulmonary infiltrates are present bilaterally. Given history of trauma, this may represent some pulmonary contusion. There may be a fracture of the left 4th rib in the posterior lateral aspect.

IMPRESSION:

- 1) LEFT-SIDED CHEST TUBE IN PLACE, NEGATIVE FOR PNEUMOTHORAX.
- 2) BILATERAL PULMONARY INFILTRATES. GIVEN HISTORY OF TRAUMA, THIS MAY REPRESENT PULMONARY CONTUSION.

KMF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111

Patient Name: LAGO, PAUL D
MR #: B00056717
Account #: 0426500400
Attending Physician: ZALE, R

Date Performed: 09/21/04 1546
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exan
2012 DX-LUMBAR SPINE 1 VIEW
Ort. Diag: D2AUMA

Check-in No.
1789244

ZACO, ERIC D.

S-NAME TEACHER STATION

תְּמִימָנָה וְתְּמִימָנוֹתָן כַּא שֶׁבְּרֵבָבָן בְּרֵבָבָן

Lumbar vertebrae bodies are normally aligned. No subluxation is seen. Multiple screws are seen in the sacrum from prior injury.

MISSION: NEGATIVE, NO ACUTE FINDINGS.

三

/38AB BY GORDON V SMITH, M.D.
/Electrically signed by OSCAR P ORLIE, M.D.

EDITOR BY: 8176CE

DATE 9/22/2004

80426500491 SPEARS, DOUGLAS
 DOB: 08/30/76 Age: 28Y MR #: 567121
 Admit Date/Time: 09/21/04 1438P
 911 MOOREHOUSE, JOHN D

DATE: 9/21/04 TIME: 1440 ROOM: 1A EMS Arrival
 HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: MVA Injury to: head	
occurred:	lost PTA
position in vehicle: driver passenger front back	

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

B1x

location of pain / injuries:	-right-	-left-
head face mouth	shldr hip	shldr hip
neck chest	arm thigh	arm thigh
gastrointestinal	elbow knee	elbow knee
back upper mid lower	f-arm leg	f-arm leg
radiating to (R/L) thigh / leg	wrist ankle	wrist ankle
hand foot	hand foot	hand foot

severity of pain:	associated symptoms:
mild	lost consciousness / dazed duration;
<i>Moderate</i>	remembers: Impact coming to hospital seizure
severe	

site of impact: "P" = primary "S" = secondary	restraints:
<i>P</i>	none lap / shoulder
<i>S</i>	doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication
force low mod. high direct glancing	

PAST HX negative
 HTN DM *head injury*

Meds: none / see nurses note *Dysatate*
 Allergies: NKDA / see nurses note

SOCIAL HX recent ETOH *smoker* drug abuse
 FAMILY HX *Mom Dad*

HX / EXAM UNOBTAINABLE 2° TO:

ROS	<input type="checkbox"/> all systems neg except as noted
NEURO	loss of feeling / power arms/legs headache
EYES	double vision
ENT	hearing loss
RESPIRATORY	trouble breathing
CVS	chest pain
GI	nausea / vomiting
GU	loss of bladder function
SKIN	skin laceration <i>Gash</i>
CONST	recent fever / illness

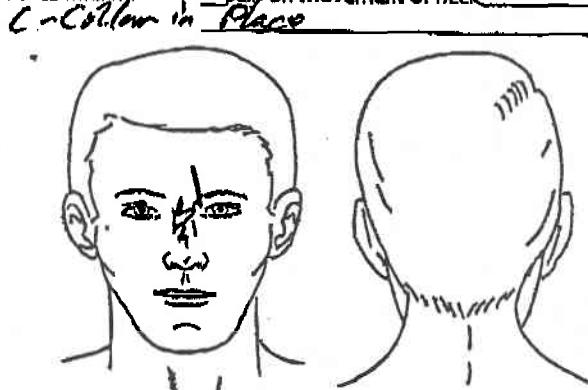
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17

Baptist Health
EMERGENCY PHYSICIAN RECORD
MVA (5)

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immus
PHYSICAL EXAM Alerts Lethargic Anxious
 Distress NAD Mild Moderate Severe
 Other: *Collar (PTA / In ED)* back-board IV splint

HEAD see diagram
 no evidence of trauma
NECK C-Collar in Place *see diagram*
 non-tender
 painless ROM
 trachea midline



EYES PERP EOMI unequal pupils R mm L mm EOM entrapment / palsy subconjunctival hemorrhage

ENT hemi-ear external inspection TM obscured by wax closed nasal blood dental injury / malocclusion

RESP/CVS chest non-tender breath sounds nml heart sounds nml see diagram (on reverse) decreased breath sounds wheezing / rates splinting / paradoxical movements

GASTROINTESTINAL non-tender no organomegaly see diagram (on reverse) tenderness / guarding / rebound vsass / organomegaly

GENITAL / RECTAL perineal hematoma blood at urethral meatus decreased rectal tone

NEURO / PSYCH confusion / disorientation EOM palsy / anisocoria facial asymmetry unsteady / ataxic gait sensory / motor deficit

SKIN

intact
 warm, dry

BACK

no CVA
tenderness
 no vertebral
tenderness

EXTREMITIES

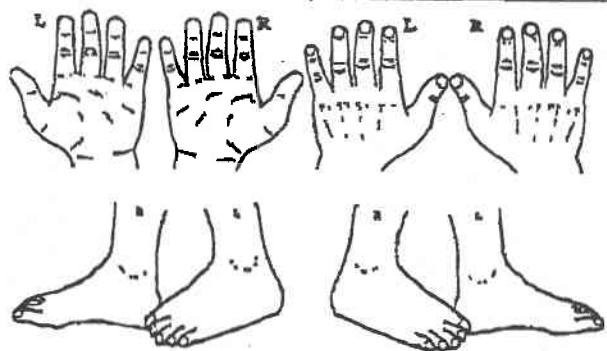
traumatic
pelvis stable
hips non-tender
 no pedal edema
full ROM

see diagram
crepitus / diaphoresis

see diagram
vertebral point-tenderness
CVA-tenderness
muscle-spasm / limited ROM.

see diagram
bony point-tenderness
painful/unable to bear weight
pulse deficit

Joint Exam:
limited ROM / ligaments laxity / joint effusion

**XRAYS** Interp. by me Reviewed by me Discsd w/ radiologist**C-Spine D-Spine LS-Spine**

nml / NAD
 no fracture
 nml alignment
soft tissues nml

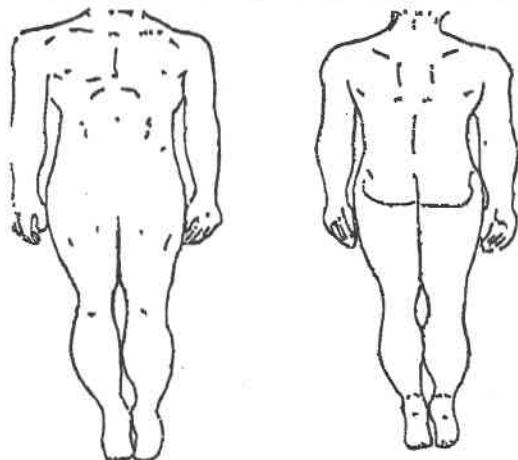
reversal / straightening of cerv, lordosis
DJD / spondylosis / spurring

CXR
 nml / NAD
 no infiltrates
 nml heart size
 nml mediastinum

rib fracture
 Infiltrate / atelectasis

OTHER See separate report

CT SCAN Head/face - (G) Nasal
 normal



T=Tenderness
PTT=Point Tenderness
S=Swelling
E=Erythema
Lc=Laceration
A=Abrasion B=Burn
(B=without insulation
mod=moderate
severe)
Tx=Tenderness on
palpation (severe)

LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
segs	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time unchanged improved re-examined

Re-evaluation time unchanged improved re-examined

Re-evaluation time unchanged improved re-examined

*G-F- Head + Face - (G) Nasal + (G) Thx
Sibas Rx
Will close laceration and refer to ED*

use template #23b for Laceration Repair

TREATMENT:

- Fluids IV
- Analgesics PO IM IV
- Antibiotics PO IM IV

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours
Rx given

Follow up with

Discussed with Dr.
will see patient in office / ED / hospital
C counseled patient / family regarding:
lab results *Diagnosis need for followup*
Admkt orders written

CRIT CARE- 30-74 min
75-104 min <input type="checkbox"/> min
Prior records ordered
Additional history from family caretaker paramedics

CLINICAL IMPRESSION:

contusion	Injury	sprain / strain
head	wrist R/L	neck dorsal lumbar sacral
face	hand R/L	
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	
arm R/L	ankle R/L	
elbow R/L	foot R/L	
forearm R/L		

concussion with LOC w/o LOC

laceration Facial

DISPOSITION- CONDITION: home admitted transferred
 unchanged improved stable

x Resident MD / DO x Attending MD / DO

I/it review, Patient interviewed, Medical Decision Making, and Examined by Physician



%

DOB: 08/30/76 SPEARS, DOUGLAS
 Age: 28Y MR #: 367121
 Admit Date/Time: 09/21/04 1438P
 911 MOOREHOUSE, JOHN D

Wound Description #1

Wound: laceration

Size: 1.6-cm

Distal NVT:

sensation intact vascular intact tendon intact

Depth / shape / contamination:

<input type="checkbox"/> superficial	<input type="checkbox"/> linear	<input checked="" type="checkbox"/> irregular	<input checked="" type="checkbox"/> flap
<input checked="" type="checkbox"/> muscle	<input type="checkbox"/> nail avulsed	<input checked="" type="checkbox"/> stellate	
<input type="checkbox"/> clean			

contaminated minimally / moderately / *heavily
 with dirt gravel grease ink

ANESTHESIA

local LET / TAC digital block _____ cc
 Rocaine 1% 2% epi bicarb marcaine .25% .5%

WOUND PREP AND REPAIR

Hibiclens / Betadine
 betadine to skin
 wound cleanser
 irrigated / washed w/ saline
 povidone / *extensive
 wound explored

foreign material removed
 partially / completely
 minimal / mod. / *extensive
 debrided
 minimal / *mod. / *extensive
 undermined
 minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

2 6-0 nylon / prolene / vicryl / staples
 interrupted running simple mattress (h/v)

SUBCUTANEOUS / MUCOSA

3 6-0 vicryl / silk
 interrupted running simple mattress (h/v)

FASCIA / MUSCLE / TENDON

— 0 vicryl /
 interrupted running simple mattress (h/v)

NAIL / NAIL MATRIX

nail excised nail reattached # — 0 vicryl /

OTHER

retention suture placed

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23b

Baptist Health

EMERGENCY PHYSICIAN RECORD
Laceration Procedure Notes

Wound Description #2

Wound:

Size: _____-cm

Distal NVT:

sensation intact vascular intact tendon intact

Depth / shape / contamination:

<input type="checkbox"/> superficial	<input type="checkbox"/> linear	<input checked="" type="checkbox"/> irregular	<input checked="" type="checkbox"/> flap
<input checked="" type="checkbox"/> SQ	<input type="checkbox"/> nail avulsed	<input checked="" type="checkbox"/> stellate	
<input type="checkbox"/> muscle	<input type="checkbox"/> contused tissue		

clean

contaminated minimally / moderately / *heavily
 with dirt gravel grease ink

ANESTHESIA

local LET / TAC digital block _____ cc
 lidocaine 1% 2% epi / bicarb marcaine .25% .5%

WOUND PREP AND REPAIR

Hibiclens / Betadine
 betadine to skin
 wound cleanser
 irrigated / washed w/ saline
 moderate / *extensive
 debrided
 minimal / *mod. / *extensive
 wound explored

foreign material removed
 partially / completely
 minimal / mod. / *extensive
 undermined
 minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

— 0 nylon / prolene / vicryl / staples
 interrupted running simple mattress (h/v)

SUBCUTANEOUS / MUCOSA

— 0 vicryl / silk
 interrupted running simple mattress (h/v)

FASCIA / MUSCLE / TENDON

— 0 vicryl /
 interrupted running simple mattress (h/v)

NAIL / NAIL MATRIX

nail excised nail reattached # — 0 vicryl /

OTHER

retention suture placed

*may indicate intermediate repair. *may indicate intermediate or complex repair.

Repair of muscles or tendons in complex wounds is reported with appropriate separate repair codes.

Resident MD / DO Anesthetist MD / DO

I & review, Patient interviewed, Medical Decision Making, and Examined by Physician

00426500491 SPEARS, DOUGLAS
DOB: 08/30/76 Age: 28Y MR #: 567121
Admit Date/Time: 09/21/04 1438P
911 MOOREHOUSE, JOHN D



Baptist Health Emergency Room Discharge Instructions

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	1400	IA	Location	South
MEDICINES PRESCRIBED			If none, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND		
Name/Strength	Number	Schedule / Duration	No Refills	Refills		
1. <i>Concert 1000</i>	<i>1000</i>	<i>2046 on per</i>	<input type="checkbox"/>	<input type="checkbox"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/>		
3.			<input type="checkbox"/>	<input type="checkbox"/>		
4.			<input type="checkbox"/>	<input type="checkbox"/>		
5.			<input type="checkbox"/>	<input type="checkbox"/>		
<i>Ela</i>						

INSTRUCTION SHEET(S) GIVEN

- | | | | | | |
|---|-----------------------------------|--|--|-----------------------------------|------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab | Return for signs of infection | |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | > Redness | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Strains | <input type="checkbox"/> Wound Care | > Swelling | |
| <input type="checkbox"/> STD | | | | <input type="checkbox"/> Other(s) | > Drainage |
| | | | | | > Heat |

Additional Instructions:

Referred to:

- Dr. _____
 Phone: _____
 Call on next business day for follow-up appointment
 in _____ days / weeks next available

- Return to Emergency Dept. in _____ hours / days for recheck
 If no improvement or your condition worsens, call your private physician
 or return to the Emergency Department for a recheck.
 Learning needs assessed Instructions Modified:
 Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient
 Relative
 Other

Time
Released > *1815*

Instructed By:

Physician:

Douglas Spears

WORK/SCHOOL STATEMENT from the Emergency Department

Patient Name:

Date:

- Patient was seen by Dr. _____
 No athletics / physical education: _____ days*
 May return to work / school without restrictions *full*
 Will require time off work / school. Estimated time: _____ days* _____ was here with relative/ child
 Must be reevaluated by family / occupational physician before returning to school / work. Other: _____

Baptist Medical Center South
 2105 E. South Blvd. Montgomery, AL 36116
 Tue Sep 21, 2004 09:33 pm
 Outpatient Summary Report

Pat Name: SPEARS, DOUGLAS
 Unit #/Acct #: 000567121/B0426500491

Page: 1

Loc: E/R

Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

In: 09/21/04 1457

Spec: Bloo

Out: 09/21/04 1611

Techs: VB19134 TB222

Coll Time: 09/21/04 1457

Order Phys: MOOREHOUSE, JOHN D

[B0426500491/52238]

*STAT*STAT*STAT*

Result Name

Result

BUN(mg/dl) :	13	7-20
Creatinine(mg/dl) :	1.1	0.6-1.4
Sodium(mmol/L) :	143	135-145
Potassium(mmol/L) :	3.9	3.5-5.0
Chloride(mmol/L) :	108	97-112
CO2(mmol/L) :	28	22-32
Glucose(mg/dl) :	97	60-120
Calcium(mg/dl) :	9.0	8.5-10.5

In: 09/21/04 1457

Spec: Bloo

Out: 09/21/04 1611

Techs: VB19134 TB222

Coll Time: 09/21/04 1457

Order Phys: MOOREHOUSE, JOHN D

[B0426500491/52238]

*STAT*STAT*STAT*

Result Name

Normal Range

Valproic Acid(mcg/ml) :	<3.0 L	50-100
-------------------------	--------	--------

In: 09/21/04 1457

Spec: Bloo

Out: 09/21/04 1508

Techs: VB19134 TB578

Coll Time: 09/21/04 1457

Order Phys: MOOREHOUSE, JOHN D

[B0426500491/52238]

*STAT*STAT*STAT*

Result Name

WBC(thou/cmm) :	11.1 H	4.0-10.0
RBC(mill/cumm) :	4.65	4.2-5.9
Hgb(gm/dl) :	14.9	13.0-17.5
Hct(%) :	42.2	39-51
MCV(fL) :	91	80-100
MCH(pg) :	32	26-34
MCHC(%) :	35	31-35
Plt ct(thou/cmm) :	164	150-440

(Continued on next page)

SPEARS, DOUGLAS
 000567121/B0426500491
 E/R
 (M-08/30/76)
 Dr. MOOREHOUSE, JOHN D

Outpatient Summary Report

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: SPEARS, DOUGLAS Page: 2
Unit #/Acct #: 000567121/B0426500491

Loc: E/R

Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

In: 09/21/04 1457

Spec: Bloc

Out: 09/21/04 1508

Techs: VB19134 TB576

Coll Time: 09/21/04 1457

Order Phys: MOOREHOUSE, JOHN D

[B0426500491/52236]

*STAT*STAT*STAT*

Result

(Continued from previous page)

RDW(%):	12.0	11.5-14.5
Neutrophils(%):	75	45-75
Lymphs(%):	18 L	20-53
Monos(%):	6	2-12
Eos(%):	0	0-8
Basos(%):	1	0-2

End of Report - 09/21/04 2133P

Outpatient Summary Report

SPEARS, DOUGLAS
000567121/B0426500491
E/R
(M-08/30/76)
Dr. MOOREHOUSE, JOHN D

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1623
Patient's Room: E/R
Patient Type: E/R

Exam
0450 CT-HEAD WITHOUT IV CONTRAST
Ord Diag: ;MVA

Check-in No.
1788239

SPEARS, DOUGLAS

CT HEAD W/O CONTRAST:

HISTORY: MVA

Evaluation of the posterior fossa is unremarkable. The region of the sella turcica is unremarkable.

Supratentorially, there are multifocal areas of low density involving the white matter and cortex in the right frontal and temporal lobes. There is also a similar appearing area of low density in the left frontal white matter. Patient reports previous history of trauma and I believe this represents encephalomalacia from that incident. Old infarct could also look similar. There is some dilatation of the frontal horn right lateral ventricle and atrium further indicating this is a old condition.

There is no evidence of acute infarct. There is no intra or extra-axial hemorrhage. Review of the skull shows no abnormality. There is a nasal bone fracture.

IMPRESSION:

- 1) ENCEPHALOMALACIA IN THE RIGHT FRONTAL AND TEMPORAL LOBES AS WELL AS LEFT FRONTAL LOBE FROM PREVIOUS TRAUMA GIVEN PATIENT'S HISTORY. THERE IS NO EVIDENCE OF ACUTE INFARCT OR HEMORRHAGE. OVERALL, NO ACUTE FINDINGS.
- 2) NASAL BONE FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1528
Patient's Room: E/R
Patient Type: E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788240

SPEARS, DOUGLAS

CHEST:

Heart and mediastinal structures are unremarkable. There is no abnormal mediastinal widening. Lungs are clear with no pneumothorax or pleural effusions. Visualized osseous structures are unremarkable.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1521
Patient's Room: E/R
Patient Type: E/R

Exam
2040 DR-CERVICAL SPINE AP & LAT
Ord Diag: ;MVA

Check-in No.
1788241

SPEARS, DOUGLAS

CERVICAL SPINE:

AP and lateral views show the cervical vertebral bodies to be normal alignment with no subluxation or fracture. There is no abnormal widening of prevertebral soft tissues.

IMPRESSION: NEGATIVE.

MEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTILE, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1621
Patient's Room: E/R
Patient Type: E/R

Exam
0453 CT-FACIAL W/O CONTRAST
Ord Diag: ;MVA

Check-in No.
1788243

SPEARS, DOUGLAS

CT FACIAL BONES:

HISTORY: MVA

There are mildly displaced fractures of the nasal bones but no other facial bone fractures are seen. Paranasal sinus walls are intact.

There is significant mucosal thickening in an air fluid level in the left maxillary sinus but no fracture can be seen and this is presumably due to a pre-existing sinusitis.

There is scattered opacification of ethmoid and sphenoid sinuses. Orbital rims are intact and no mandibular fracture is seen. Temporal bones are intact.

IMPRESSION:

- 1) NASAL BONE FRACTURE.
- 2) REMAINING FACIAL BONES ARE INTACT. NO OTHER FRACTURES ARE SEEN.
- 3) OPACIFICATION OF THE LEFT MAXILLARY, SPHENOID AND ETHMOID SINUSES WHICH SUGGESTS PRE-EXISTING SINUSITIS. NO PARANASAL SINUS FRACTURES ARE SEEN TO SUGGEST HEMORRHAGE FROM TRAUMA.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1529
Patient's Room: E/R
Patient Type: E/R

Exam
2170 DR-PELVIS 1 VIEW
Ord Diag: ;MVA

Check-in No.
1788249

SPEARS, DOUGLAS

PELVIS:

Single lateral view shows no fracture. Sacroiliac joints and pubic symphysis are intact. There is no hip fracture.

IMPRESSION: NORMAL.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.
MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1454
Patient's Room: E/R
Patient Type: E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: MVA

Check-in No.
1788267

SPEARS, DOUGLAS

ULTRASOUND OF THE ABDOMEN

History: Abdominal pain after motor vehicle accident. The study was performed to evaluate for free intraperitoneal fluid.

Findings: No fluid was seen. Visualized portions of the abdominal organs are normal.

IMPRESSION:

NORMAL STUDY, NEGATIVE FOR FREE INTRAPERITONEAL FLUID.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

JW



%

B0426500491 SPEARS,DOUGLAS
DOB: 08/30/76 Age:28Y MR #:567121
Admit Date/Time: 09/21/04 1438P
911 MOOREHOUSE,JOHN D
Patient Information

Patient Information



**Baptist
HEALTH** NURSING
NOTES

Initial

Signature

Patient Care Profile Page 2 Nurses Notes





ER RECORD - Adult / Adolescent

Regular M.D.: _____ **Notified:** _____

Immunization Rx: Tetanus VTD no VTD

Allergies:

Pregnant? Yes No Unsure

Home Meds'

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? Yes No Age at onset? _____ Regular Yes No)

>65 yrs (Older Adult)

Assisting Devices: None Yes (list): _____

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Nutrition (refer to Dietitian)
<input type="checkbox"/> Body Temp. Alt. In	<input type="checkbox"/> Knowledge Deficit
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> Neuro Status
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Physical Mobility Impairment
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Resp. Function Alt.
<input type="checkbox"/> Fluid Vol., Def./Ex	<input type="checkbox"/> Skin Integrity, Alt. In
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Cultural/Religion
<input type="checkbox"/> Domestic Violence Abuse Potential (refer to Social Services)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pain	<input type="checkbox"/> Language
	Time To Tx
	Asx
	8m

Patient: 911 MOOREHOUSE, JOHN D		
TRIAGE CATEGORY		
1) RED - Immediate	2) YELLOW - Urgent	3) GREEN - Non-Urgent
Vital Signs BP 141/87 <input checked="" type="checkbox"/> See T Sheet P 102 R 16 T 98.4 SPO ₂ 98		
CHIEF COMPLAINT AND HISTORY <i>Pain vs auto. Dull pain on left side Dull pain</i>		
Analgesia Scale IVAS 0-10 _____ /10 0 (no pain) 10 (worst)		
GENERAL APPEARANCE & MENTAL STATUS		
General	Skin Temp	Respiration
<input type="checkbox"/> NAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored
Skin Color	Skin Moisture	Pulse
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Regular
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Irregular
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Bounding
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Weak
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Absent
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____	Neuro Status
		<input type="checkbox"/> Normal
		<input type="checkbox"/> Slurred Speech
		<input type="checkbox"/> Weakness LR
		<input type="checkbox"/> Confused
		<input type="checkbox"/> Agitated
		<input type="checkbox"/> Disoriented
	O.D.: _____	O.U.: _____
<input type="checkbox"/> Social Services	<input type="checkbox"/> PT	Weight: _____ stated / measured
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Dietitian	Triage _____
<input type="checkbox"/> DHR Referral	<input type="checkbox"/> Coroner	Nurse _____
<input type="checkbox"/> Police Notified		Signature: _____
		Date: _____ Time: _____

Handwritten: Salicidocaine, Interlocaine

1850 - prompted by a desire to keep up standards when they fell below them.

160-~~①~~ Hornwind structures & drifts -
like this snow to salt does his structures

1945-1946 = catch tip intact - hand

1800 - 5 yrs. pair made up of collected copper
1800 - 5 yrs. pair made up of collected copper

Summarized below are 7 findings applied to prison systems (over 1000s).

VITAL SIGNS			
Time			
B.P.			
Temp.			
Pulse			
Resp.			
O ₂ Sat.			

<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input type="checkbox"/> ETOH
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG
<input type="checkbox"/> Amylase	<input type="checkbox"/> I-Stat <input type="checkbox"/>
<input type="checkbox"/> Chem Profile	<input type="checkbox"/> Lipase

Chem Profil 12 PT/PTI
 X-RAY

DISCHARGE

DISPOSITION **EXIT VIA**

- Home
- Admit
- Surgery
- Transfer
- EXP
- AMA
- LWT
- SNF
- Other
- M.D. Office

- Walk
- Canceled
- WC
- Stretcher
- Ambulance

ACCT. BY

- Self
- Fam/Friend
- Police
- Other

B0426500495 THOMPSON, DOUGLAS
DOB: 05/25/65 Age: 39Y MR #: 567122
Admit Date/Time: 09/21/04 1440P
911 MOOREHOUSE, JOHN D

%

(4C)

DATE: 9/21 TIME: 1430 ROOM: 72 EMS Arrival
HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2^o TO:**HPI chief complaint / location of injury:**

chest back gastrointestinal neck

Octent

context: fell blow incision stab burn GSW

N.T. boy anoxia Vessel

while on O.P.I.s at

severity of pain: mild moderate severe

occurred:

Just PTA
today
yesterday

days PTA

where:

home school
neighbor's city park
work street

blow to head?

no yes

if yes LOC? no dazed yes

LOC remembers:

Injury coming to hospital

location of pain / injury:

head face neck
chest Gastrointestinal
back upper mid-lower
radiating to R/L thigh/leg**PAST HX**

negative

HTN DM

Medications: none / see nurses note

Allergies: LNKDA / see nurses note

SOCIAL HX

agent ETOH Smoker Drug abuse

FAMILY HX

Prev. EPCH.

HX / EXAM UNOBTAINABLE 2^o TO:ROS all systems neg except as noted

NEURO

loss of feeling / power arms/legs

headache / neck pain

EYES

double vision

ENT

hearing loss

RESPIRATORY

trouble breathing

recent fever / illness

Nursing Assessment Reviewed Vital Review Tetanus immun. UTD

PHYSICAL EXAM

Alert Lethargic

Distress NAD Mild Moderate Severe

Other C-collar (PTA in ED) back-board JV splint

HEAD

no evidence of trauma

see diagram Battle's Sign / Raccoon Eyes

NECK

non-tender

painless ROM

see diagram vertebral point-tenderness

muscle spasm / decreased ROM

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07

**Baptist Health
EMERGENCY PHYSICIAN RECORD
Trunk Injury (5)****EYES**

PEPRL EOMI

unequal pupils R mm L mm

EOM entrapment / palsy

subconjunctival hemorrhage

pale conjunctivae

hemotympanum

ENT

nm external

no dental injury

RESPIRATORY

chest non-tender

breath sounds nm

see diagram

decreased breath sounds

wheezing / rales

splitting / paradoxical movements

CVS

heart sounds nm

reg. rate, rhythm

no JVD

no murmur

no gallop

no friction rub

Irregularly irregular rhythm

extra systoles (occasional / frequent)

tachycardia / bradycardia

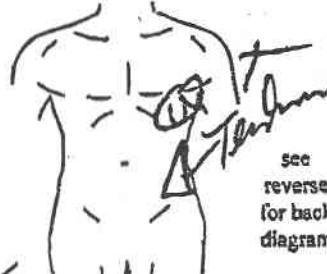
JVD present

murmur grade / 6 sys / dia

cresc / cresc-decresc / decresc

gallop (S3 / S4)

decreased pulse(s)



T=	Tender
P=T+	Point Tender
S=S+/-	Setting
E=Eccymosis	
L=Laceration	
A=Abrasion	
B=Burn	
()=without	nm
mod=moderate	1/3
++=++	2/3
+++=+++=	3/3
Tpx = Tenderness	
palpation factor	

GASTROINTESTINAL

no tender

no organomegaly

see diagram

rebound tenderness

mass / organomegaly

GENITAL EXAM

nm genital exam

nm vaginal exam

perineal hematoma

blood at urethral meatus

RECTAL EXAM

nm rectal exam

hematoxyl stool

decreased rectal tone

NEURO / PSYCH

orientated x3

mood & affect

CN's nm

as tested

sensation &

motor nm

confused / disoriented

ROM palsy / anisocoria

facial asymmetry

sensory / motor deficit

unsteady / ataxic gait

SKIN

see diagram

capitus / diaphoresis

warm, dry

Thompson, Daryl

BACK	<input type="checkbox"/> no CVA tenderness	<input type="checkbox"/> vertebral point-tenderness
	<input type="checkbox"/> no vertebral tenderness	<input type="checkbox"/> CVA tenderness
	<input type="checkbox"/> muscle spasm	<input type="checkbox"/> limited ROM
HIPS / PELVIS	<input type="checkbox"/> see diagram	
	<input type="checkbox"/> stable	<input type="checkbox"/> bony point-tenderness
	<input type="checkbox"/> hips non-tender	<input type="checkbox"/> painful / unable to bear weight
EXTREMITIES	<input type="checkbox"/> see diagram	
	<input type="checkbox"/> no evidence of trauma	<input type="checkbox"/> bony point-tenderness
	<input type="checkbox"/> normal ROM	<input type="checkbox"/> painful / unable to bear weight
	<input type="checkbox"/> joint Exam:	
		<input type="checkbox"/> limited ROM / ligaments laxity / joint effusion
		<input type="checkbox"/> no pedal edema

LABS, EKG, XRAYS and PROGRESS

CO₂	Chemistries	CO₂	Ca	Bilirubin
<input type="checkbox"/> normal except	<input type="checkbox"/> normal except	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WBC	BUN	Magnesium	BNP	D-Dimer
Hgb	Creat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hct	Gluc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelets	Alk Phos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
segs	Cl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bands	ALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lymphs	AST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monos	Na	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eos		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG MONITOR STRIP		NSR	Rate	
normal	abnormal			
EKG	Normal	<input type="checkbox"/> Interp. by me	<input type="checkbox"/> Reviewed by me	Rate 93
		<input type="checkbox"/> nml intervals	<input type="checkbox"/> nml axis	<input type="checkbox"/> nml QRS
				<input type="checkbox"/> nml ST/T

not / changed from:

XRAYS

<input type="checkbox"/> Spine	<input type="checkbox"/> D-Spine	<input type="checkbox"/> LS-Spine
<input type="checkbox"/> nml / NAD		<input type="checkbox"/> reversal / straightening of cerv. lordosis
<input checked="" type="checkbox"/> no fracture		<input type="checkbox"/> OJD / spondylosis / spurring
<input type="checkbox"/> nml alignment		
<input type="checkbox"/> soft tissues nml		
CXR		
<input type="checkbox"/> nml / NAD	<input type="checkbox"/> rib fracture	7/28/91
<input type="checkbox"/> no infiltrates	<input type="checkbox"/> infiltrate / atelectasis	
<input type="checkbox"/> nml heart size		3c-lb6
<input type="checkbox"/> nml mediastinum		

OTHER

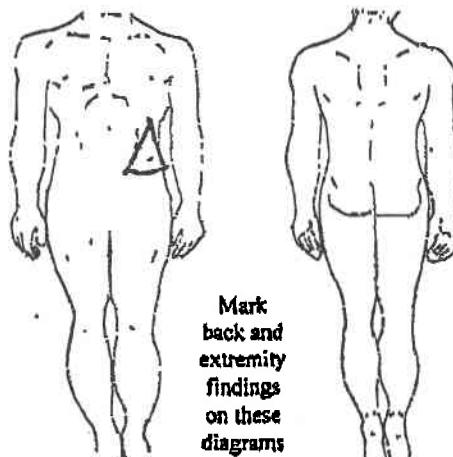
See separate report

CT SCAN

chest abd pelvis

PROCEDURES:

CHEST TUBE INSERTION	(<input type="checkbox"/> French)	<input type="checkbox"/> Betadine prep
anesthesia-	<input type="checkbox"/> ec local lidocaine / marcaine /	
position-	<input type="checkbox"/> mid / anter / post axillary line	<input type="checkbox"/> Interspace
sutured in place	<input type="checkbox"/> positioned confirmed on CXR	
return-	<input type="checkbox"/> air / blood	<input type="checkbox"/> connected to suction



PAST EX AM

Echocardiogram nml abnml

Re-evaluation time 1320 unchanged improved re-examined
 Re-evaluation time 1620 unchanged improved re-examined
 Re-evaluation time 1740 unchanged improved re-examined
 Date 7/28/91 - patient was pregnant and delivered in a private fashion. Congenital scoliosis & RSS and to clear air. Skin debrided. Staph used to irrigate debris from wound. Extremities also freed and fracture of 8 cm to request surgery from ortho. 7 of 8 right. is long motion. pt to use template #23b for Liberation Repair, possible well EDC TREATMENT.

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given	<input type="checkbox"/> Sclint = ortho glass
Follow up with	<input type="checkbox"/> ext: finger Spline
referred to / discussed with Dr.	
will see patient in: office ED hospital in	2 days
Spanced patient family regarding lab results diagnosis need for follow-up	CRIT CARE 30-74 min
Admit orders written	75-104 min min
Prior records ordered	Additional history from family caretaker paramedics

CLINICAL IMPRESSION:

<input type="checkbox"/> Concussion	<input type="checkbox"/> Rib Fracture
<input type="checkbox"/> chest Gastrointestinal back	<input type="checkbox"/> clinical dx shown on x-ray
<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> displaced / comminuted
<input type="checkbox"/> neck thoracic lumbar	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Laceration
<input type="checkbox"/> Injury	
1. Extensor Dorsum + tendon laceration	
2. Complex hand laceration fix	
DISPOSITION-	<input type="checkbox"/> home <input type="checkbox"/> admitted <input type="checkbox"/> transferred
CONDITION-	<input type="checkbox"/> unchanged <input type="checkbox"/> improved <input type="checkbox"/> stable
MD / DO	MD / DO
X Resident MD / DO X	
X Referring MD / DO X	
X Referring MD / DO X	
X Referring MD / DO X	

If review, Patient interviewed, Medical Decision Making, and Examined by 09/22/2004 WED 13:57 ITX/RX NO 51151 007



%

80426500495 THOMPSON, DOUGLAS
 DOB: 03/25/65 Age: 39Y MR #: 567122
 Admit Date/Time: 09/21/04 1440P
 911 MOOREHOUSE, JOHN D



**Baptist Health
 Emergency Room
 Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS – PATIENT COPY

Weight	Phone	Allergies				Location South
MEDICINES PRESCRIBED			If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.		
Name/Strength	Number	Schedule / Duration	No Refills	Refills		
1. <i>Kareta - 10 # 30 1/2 gr po</i>			<input type="checkbox"/>	<input type="checkbox"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/>		
3. <i>Keflex 500mg # 30 1/2 id</i>			<input type="checkbox"/>	<input type="checkbox"/>		
4.			<input type="checkbox"/>	<input type="checkbox"/>		
5.			<input type="checkbox"/>	<input type="checkbox"/>		

INSTRUCTION SHEET(S) GIVEN

- Asthma Crutches
 Back Pain Fever
 Cast / Splint Care Fracture

- Head Injury Threatened Ab
 Otitis Media Vomiting / Diarrhea
 Sprains / Bruises Wound Care
 STD Other(s)

Return for signs of infection
 > Redness
 > Swelling
 > Drainage
 > Heat

Additional Instructions:

*Rachael 2d - splint L
 Take meds as directed
 Return hand - P*

Referred to:

- Dr. _____
 Phone: _____
 Call on next business day for follow-up appointment
 In _____ days / weeks next available

- Return to Emergency Dept. in _____ hours / days for recheck
 If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
 Learning needs assessed Instructions Modified: _____
 Education provided on new medication _____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- Patient
 Relative
 Other

Time Released > *1810* AM

Instructed By: *J. Thompson*Physician: *J. Thompson*

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name _____

Date _____

- Patient was seen by Dr. _____
 No athletics / physical education: _____ days*
 May return to work / school without restrictions
 Will require time off work / school. Estimated time: _____ days* _____ was here with relative/ child.
 Must be reevaluated by family / occupational physician before Other: _____

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1629
Patient's Room: E/R
Patient Type: E/R

Exam
1101 DR-RIBS UNI LT&PA CHEST 4 VIEWS
Ord Diag: ;MVA

Check-in No.
1788257

THOMPSON, DOUGLAS

LEFT RIBS AND PA CHEST:

HISTORY: Motor vehicle accident.

Multiple views show mildly displaced fracture of the left 7th through 9th ribs in the posterior and lateral aspect. Lungs are clear. There is no pneumothorax. Remaining visualized osseous structures are unremarkable.

IMPRESSION:

FRACTURES OF THE LEFT 7TH THROUGH 9TH RIBS. LUNGS ARE CLEAR.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1633
Patient's Room: E/R
Patient Type: E/R

Exam
3570 DR-KNEE RT 4 V W/OBLIQUES
Ord Diag: ;MVA

Check-in No.
1788260

THOMPSON, DOUGLAS

RIGHT KNEE:

HISTORY: Knee pain after motor vehicle accident.

Four views show no fracture or dislocation. There are some minor degenerative changes.

IMPRESSION:

NEGATIVE FOR FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1511
Patient's Room: E/R
Patient Type: E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: MVA

Check-in No.
1788282

THOMPSON, DOUGLAS

ABDOMINAL SONOGRAM:

HISTORY: MOTOR VEHICLE ACCIDENT WITH ABDOMINAL PAIN

Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of abdominal organs are normal.

IMPRESSION:

1. NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

TB

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1638
Patient's Room: E/R
Patient Type: E/R

Exam
2050 DR-CERVICAL SPINE ROUTINE
Ord Diag: ;MVA

Check-in No.
1788274

THOMPSON, DOUGLAS

5 VIEWS CERVICAL SPINE:

Cervical vertebral bodies are normal alignment with no subluxation or fracture. AP and oblique views are unremarkable. The odontoid is intact. Lateral masses of C1 maintain normal alignment of body of C2. There is no abnormal widening of prevertebral soft tissues.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

Baptist Medical Center South
 2105 E. South Blvd. Montgomery, AL 36116
 Tue Sep 21, 2004 09:33 pm
 Outpatient Summary Report

Pat Name: THOMPSON, DOUGLAS
 Unit #/Acct #: 000567122/B0426500495

Loc: E/R

Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

In: 09/21/04 1455

Out: 09/21/04 1521

Coll Time: 09/21/04 1455

Order Phys: MOOREHOUSE, JOHN D

Page: 1

| BASIC METABOLIC |

Spec: Bloc

Techs: VB19095 TB222

[B0426500495/52238]

*STAT*STAT*STAT*

Result Name

Result

BUN(mg/dl):

11

7-20

Creatinine(mg/dl):

0.9

0.6-1.4

Sodium(mmol/L):

134 L

135-145

Potassium(mmol/L):

3.6

3.5-5.0

Chloride(mmol/L):

100

97-112

CO2(mmol/L):

25

22-32

Glucose(mg/dl):

140 H

60-120

Calcium(mg/dl):

8.6

8.5-10.5

In: 09/21/04 1455

Spec: Bloc

Out: 09/21/04 1502

Techs: VB19095 TB57E

Coll Time: 09/21/04 1455

Order Phys: MOOREHOUSE, JOHN D

[B0426500495/52238]

*STAT*STAT*STAT*

Result Name

Result

WBC(thou/cmm):

9.4

4.0-10.0

RBC(mill/cumm):

4.55

4.2-5.9

Hgb(gm/dl):

14.6

13.0-17.5

Hct(%):

41.3

39-51

MCV(fL):

91

80-100

MCH(pg):

32

26-34

MCHC(%):

35

31-35

Plt ct(thou/cmm):

157

150-440

RDW(%):

12.7

11.5-14.5

Neutrophils(%):

77 H

45-75

Lymphs(%):

18 L

20-53

Monos(%):

4

2-12

Eos(%):

2

0-8

Basos(%):

0

0-2

Outpatient Summary Report

THOMPSON, DOUGLAS
 000567122/B0426500495
 E/R
 (M-05/25/65)
 Dr. MOOREHOUSE, JOHN D

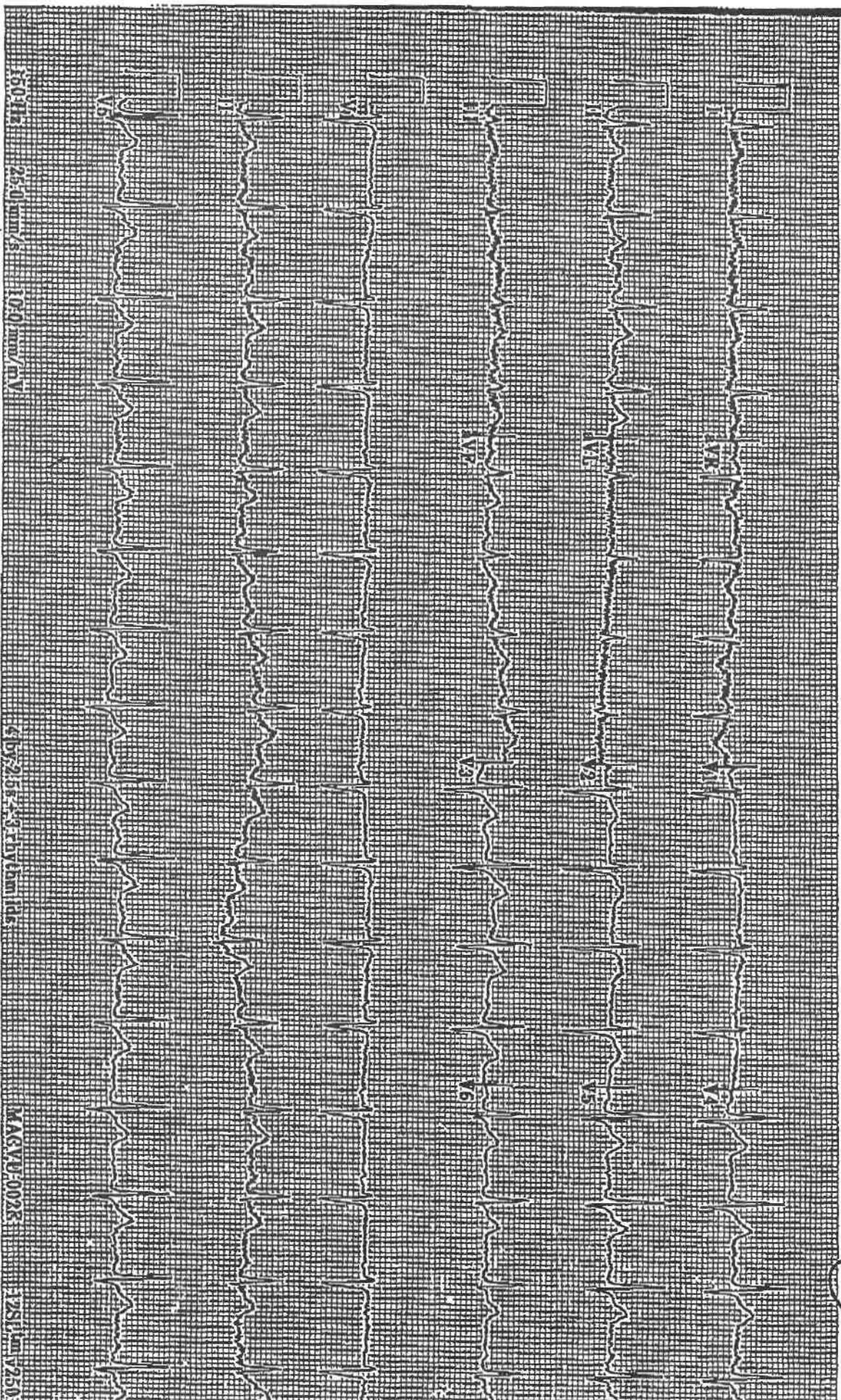
Baptist Medical Center South
 2105 E. South Blvd. Montgomery, AL 36116
 Tue Sep 21, 2004 09:33 pm
 Outpatient Summary Report

Pat Name:	THOMPSON, DOUGLAS	Page: 2
Unit #/Acct #:	000567122/B0426500495	
Loc:	E/R	
Phys-Service:	MOOREHOUSE, JOHN D - EMERGENCY	*****
In: 09/21/04 1756		Spec: Urin
Out: 09/21/04 1945	MICROSCOPIC EXAM UA.	Techs: VRN TB1840
Coll Time: 09/21/04 1628		
Order Phys: MOOREHOUSE, JOHN D		[B0426500495/52238]
*STAT*STAT*STAT*		
Result Name	Result	Normal Range
Epiths (/HPF):	Occ	0-5
Bacteria:	Occ	
In: 09/21/04 1628		Spec: Urin
Out: 09/21/04 1757	URINALYSIS	Techs: VRN TB1840
Coll Time: 09/21/04 1628		
Order Phys: MOOREHOUSE, JOHN D		[B0426500495/52238]
*STAT*STAT*STAT*		
Result Name	Result	Normal Range
Color:	Yellow	
Appearance:	Clear	
pH (pH Units):	6.0	5.0-8.0
Protein Urine (mg/dl):	NEGATIVE	Negative
Glucose (mg/dl):	NEGATIVE	neg
Ketone (mg/dl):	NEGATIVE	neg
Blood, Occult:	SMALL	neg
Leukocyte:	NEGATIVE	neg
Nitrite:	NEGATIVE	neg
Spec Gravity:	1.004	1.002-1.030
Comment:	Microscopic to follow.	

End of Report - 09/21/04 2133P.

Outpatient Summary Report

THOMPSON, DOUGLAS
 000567122/B0426500495
 E/R
 (M-05/25/65)
 Dr. MOOREHOUSE, JOHN D



Technician:

39 years
Male
Caucasian
Vent. rate 93 bpm
PR interval 138 ms
QRS duration 100 ms
QT/QTc 322/400 ms
P-R-T axes 69 39 66

Normal sinus rhythm
Normal ECG

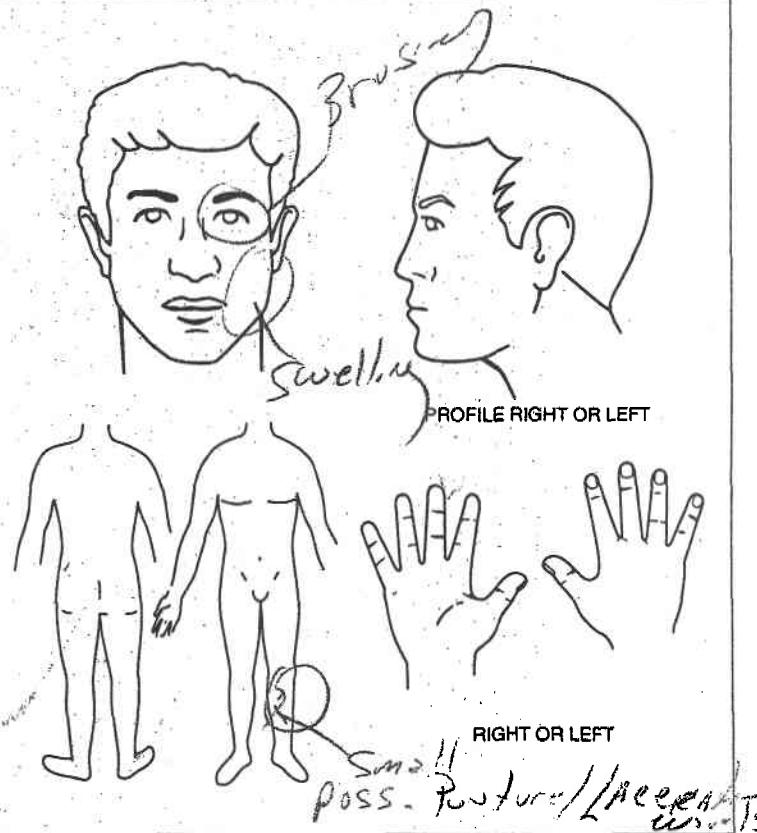
Referred by: MOORHOUSE, JOHN

Unconfirmed

%
RO42500495 THOMPSON, DOUGLAS
DOB: 09/25/65 Age: 39Y MR: #567122
Admit Date/Time: 09/21/04 1440P
911 MOORHOUSE, JOHN D

EMERGENCY

ADMISSION DATE 9 02/04		TIME 1:30 PM	ORIGINATING FACILITY E more	SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>																								
ALLERGIES NKDA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																										
VITAL SIGNS: TEMP 98.8		ORAL RECTAL	RESP. 20	PULSE 76 B/P 118/80																								
NATURE OF INJURY OR ILLNESS S - Body Chest Res DSC		RECHECK IF SYSTOLIC <100> 50 LACERATION / SUTURES																										
<p>R - Burns to R. Orbit Eye - Poss blood in Sclera (L) eye Swelling (R) brow DSS > (L) > ext. - Sm loc x 2 on (L) lower ^{anterior} area of (L) eye S - Blt. in R. km Infection, ACT</p> <p>PHYSICAL EXAMINATION</p> <p>1) Contact</p> <p>P - Admit PT to Mov until x</p> <p>E.g. DSS 1's @ 9yrs & Reg 7 days (e.g. D. e. f. fill T surg Med's or don't see MAR</p>		<p>ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION / Z SUTURES</p> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																										
		<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <table border="1"> <tr><td></td><td>TIME</td><td>BY</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>				TIME	BY																					
	TIME	BY																										
DIAGNOSIS																												



DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE <i>9/29/01</i>	TIME <i>11:00 AM PM</i>	RELEASE / TRANSFERRED TO	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <i>K. S.</i>	DATE <i>9/29/01</i>	PHYSICIAN'S SIGNATURE <i>J. M. W.</i>	DATE <i>9/29/01</i>	CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S	FAC.

Leucosia sp. (A)

DOC#	DOB	R/S	FAC.
141669	3-19-66	WM	E/awm



EMERGENCY

ADMISSION DATE 9/21/04	TIME 2:25 AM PM	ORIGINATING FACILITY ECC	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
---------------------------	-----------------------	-----------------------------	--

ALLERGIES
NKACONDITION ON ADMISSION
 GOOD FAIR POOR SHOCK HEMORRHAGE COMAVITAL SIGNS: TEMP
98.1ORAL
RECTAL

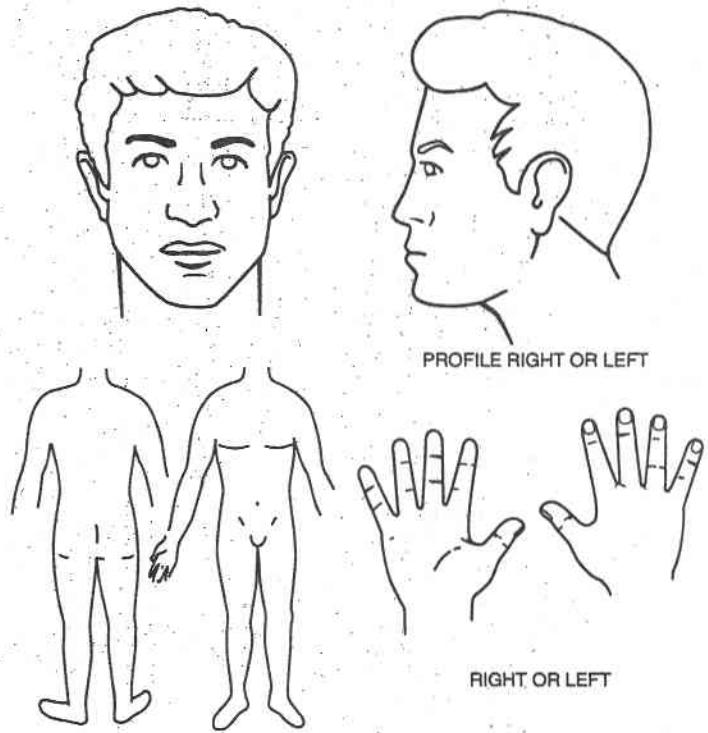
RESP.

30

PULSE
68B/P
90/72RECHECK IF
SYSTOLIC
<100> 50

NATURE OF INJURY OR ILLNESS

S - Body chart per DOG request
removal on Road Guard

ABRASION //| CONTUSION # | BURN XX | FRACTURE Z | LACERATION /
XX Z SUTURES

PHYSICAL EXAMINATION

O - Amputated to the knee slight limp - bandage to left extremity bright red blood noted - reinforced clean 4x4's and secured to knee
 Eye and Mandible may have edematosus bruising about and conversing with officer acute distress noted
 A - Allusion in comfort
 P - MD to review

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 9/21/04	TIME 2:35 AM PM	RELEASE / TRANSFERRED TO DOC AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY <input type="checkbox"/> POOR □ FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Miller, Jan	DATE 9/21/04	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)

Nation Marvin

DOC# 41669	DOB 3-19-66	R/S wlm	FAC. ECC
---------------	----------------	------------	-------------



EMERGENCY

ADMISSION DATE 9/21/04 2040		TIME AM PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																					
ALLERGIES NKA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																							
VITAL SIGNS: TEMP 98.1 RECTAL		RESP. 20	PULSE 88 B/P 124/86	RECHECK IF SYSTOLIC <100> 50																					
NATURE OF INJURY OR ILLNESS S - Body Chart per DDC request MVA on Road squad - "I bruised both my legs"			ABRASION // / CONTUSION # BURN XX XX	FRACTURE Z Z LACERATION / SUTURES																					
			<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																						
PHYSICAL EXAMINATION		<p>O - Trauma in Hospital ER Amputated to TX room & limp - d discoloration noted to early area & break in skin noted & acute distress</p> <p>A - Alteration in comfort</p> <p>P - MD to review</p>																							
		<table border="1"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																		
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																							
DIAGNOSIS																									
INSTRUCTIONS TO PATIENT																									
DISCHARGE DATE 9/21/04 2045		TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																					
NURSE'S SIGNATURE Inmate Name 9/21/04		DATE 9/21/04	PHYSICIAN'S SIGNATURE	DATE																					
INMATE NAME (LAST, FIRST, MIDDLE) Dennis, Joey			DOC# 324604	DOB 9/12/98	R/S W/M	FAC. Ecc																			



EMERGENCY

ADMISSION DATE 9/21/04		TIME AM PM	ORIGINATING FACILITY <u>Galmore</u>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																					
ALLERGIES NICA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																							
VITAL SIGNS: TEMP 98.1		ORAL RECTAL	RESP. 20	PULSE 88 B/P 102/68 RECHECK IF SYSTOLIC <100> 50																					
NATURE OF INJURY OR ILLNESS S - My left leg is swollen. They said that it wasn't broken (from x-ray) just bruised badly. 1 Body chart per doc request re: MVA on Road Squad"		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																					
PHYSICAL EXAMINATION D - Ambulated to bathroom slight limp - (D) calf noted to be edematous & some discoloration warm to touch not hot no other injuries noted A - Alteration in comfort P - MD to review		<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																		
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DIAGNOSIS																									
INSTRUCTIONS TO PATIENT																									
DISCHARGE DATE 9/21/04		TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																					
NURSE'S SIGNATURE <u>Smeller, RN</u>		DATE 9/21/04	PHYSICIAN'S SIGNATURE	DATE																					
INMATE NAME (LAST, FIRST, MIDDLE) <u>Jackson, Marcus</u>		DOC# 187650		DOB 12-9-98	R/S Bpm	FAC. Eee																			



EMERGENCY

ADMISSION DATE 9/21/04		TIME 2025 AM	ORIGINATING FACILITY 800	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT			
ALLERGIES NKH		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP 98°		ORAL RECTAL	RESP. 20	PULSE 88			
				B/P 106/98			
				RECHECK IF SYSTOLIC <100> 50			
NATURE OF INJURY OR ILLNESS <i>S- Body chart per DOC request mt MVA on Road squad It just hurt my leg - A tire hit me and hyper extended my leg."</i>			ABRASION // / CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES	
PHYSICAL EXAMINATION <i>X-rays done in Hospital ER Ambulated to x room & slight limp Superficial lacerations noted to left leg & any bleeding - & discoloration noted to area - & warmth to touch</i>							
<i>A - Alteration in comfort</i>							
<i>P - MD to Review</i>							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
DISCHARGE DATE 9/21/04		TIME 2030 AM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
NURSE'S SIGNATURE Inman, L		DATE 9.21.04	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) Lambert, Larry				DOC# 105129	DOB 9-19-69	R/S W/m	FAC. ECS.



EMERGENCY

ADMISSION DATE 9/21/04		TIME AM PM	ORIGINATING FACILITY <i>Acc</i>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT					
ALLERGIES <i>NKA</i>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA							
VITAL SIGNS: TEMP <i>98.1</i>		ORAL RECTAL	RESP. <i>20</i>	PULSE <i>80</i> B/P <i>126, 76</i> RECHECK IF SYSTOLIC <i><100> 50</i>					
NATURE OF INJURY OR ILLNESS <i>S-Body chart per DOC request re: My A on road squad My R arm and shoulder are bruised - I think I bruised my leg also"</i>		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN <i>xx</i></td> <td>FRACTURE <i>z</i></td> <td>LACERATION / SUTURES</td> </tr> </table>			ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES					
PHYSICAL EXAMINATION		<p>D- Am bradycardic to tx rooms' difficulties Small laceration noted to L leg No bleeding - C/F soreness to neck and R shoulder/arm - Full ROM to extremities & acute distress noted</p> <p>A- Activation in comfort</p> <p>P- MD to review</p>							
DIAGNOSIS									
INSTRUCTIONS TO PATIENT									
DISCHARGE DATE 9/21/04		TIME AM PM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE <i>Smillie, Jan</i>		DATE 9-21-04	PHYSICIAN'S SIGNATURE	DATE					
INMATE NAME (LAST, FIRST, MIDDLE) <i>Berdue, Donald</i>			DOC# 213809	DOB 3-15-73	R/S <i>Bm</i>	FAC. <i>ele</i>			

EMERGENCY

ADMISSION DATE		TIME	ORIGINATING FACILITY			<i>ECC</i>	<input type="checkbox"/> SICK CALL	<input type="checkbox"/> EMERGENCY																									
<i>9/21/04</i>		AM PM	<input type="checkbox"/> SIR	<input type="checkbox"/> PDL	<input type="checkbox"/> ESCAPEE		<input type="checkbox"/> OUTPATIENT																										
ALLERGIES				CONDITION ON ADMISSION																													
<i>NKA</i>				<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> SHOCK	<input type="checkbox"/> HEMORRHAGE	<input type="checkbox"/> COMA																								
VITAL SIGNS: TEMP		<i>98 1</i>	ORAL RECTAL	RESP.	<i>20</i>	PULSE	<i>60</i>	B/P	<i>98, 62</i>	RECHECK IF SYSTOLIC <100> 50																							
NATURE OF INJURY OR ILLNESS				ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / <i>z</i>	SUTURES																								
<i>S - Body chart per POC request re: MVA on road squad (I don't know what happened. I just know that I broke my nose.)</i>				<p style="text-align: right;"><i>PROFILE RIGHT OR LEFT</i></p> <p style="text-align: right;"><i>RIGHT OR LEFT</i></p>																													
PHYSICAL EXAMINATION				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																															
<i>O - Amputated to tk room c edema to nose + laceration to left eye brow + suture - packing nose done in hospital R.R. & active bleeding @ this time superficial lacerations to forehead and corner of mouth & bleeding - & active distress</i>																																	
<i>A - Alteration in comfort</i>																																	
<i>P - MD to review</i>																																	
DIAGNOSIS																																	
INSTRUCTIONS TO PATIENT																																	
DISCHARGE DATE		TIME	RELEASE / TRANSFERRED TO	<input type="checkbox"/> DOC	CONDITION ON DISCHARGE																												
<i>9/21/04</i>		AM PM	<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> CRITICAL																										
NURSE'S SIGNATURE		DATE	PHYSICIAN'S SIGNATURE	DATE		CONSULTATION																											
<i>Miller Jpn</i>		<i>9/21/04</i>																															
INMATE NAME (LAST, FIRST, MIDDLE)				DOC#	DOB	R/S	FAC.																										
<i>Spears, Douglas</i>				<i>184120</i>	<i>8-30-76</i>	<i>w/m</i>	<i>Ecc</i>																										

EMERGENCY

ADMISSION DATE <u>9/21/04</u>		TIME <u>2030</u> AM PM	ORIGINATING FACILITY <u>ECC</u>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																								
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																										
VITAL SIGNS: TEMP <u>97.9</u>		ORAL RECTAL	RESP. <u>20</u>	PULSE <u>70</u> B/P <u>108/68</u> RECHECK IF SYSTOLIC <100> 50																								
NATURE OF INJURY OR ILLNESS <p>S - They had to sew the tendons back together in my hand 13 stitches in all - I broke 3 ribs - it's hard to breathe</p>		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX</td> <td>FRACTURE Z</td> <td>LACERATION / SUTURES Z</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES Z																			
ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES Z																								
PHYSICAL EXAMINATION <p>O - Ambulated to room & slight limp seen. Edema and discoloration noted to medial knee & break in skin. Hand has bandage and splint covering sutures. Surgical incisions noted to shoulder and side of face and head. Acute distress noted.</p> <p>A - Alteration in comfort</p> <p>P - MD to review</p>		<table border="1"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
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DIAGNOSIS																												
INSTRUCTIONS TO PATIENT																												
DISCHARGE DATE <u>9/21/04</u>	TIME AM PM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY <input type="checkbox"/> POOR □ FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE <u>Melvin Jr</u>		DATE <u>9/21/04</u>	PHYSICIAN'S SIGNATURE	DATE																								
INMATE NAME (LAST, FIRST, MIDDLE) <u>Thompson, Douglas</u>		DOC# <u>164495</u>		DOB <u>5-25-65</u>	R/S <u>WHN</u>	FAC. <u>ECC</u>																						

EMERGENCY

ADMISSION DATE 9/21/04		TIME 3:45 PM	ORIGINATING FACILITY St. Luke's	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT					
ALLERGIES NKD		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA							
VITAL SIGNS: TEMP 100.1		ORAL RECTAL	RESP. 24	PULSE 106 B/P 138/96 RECHECK IF SYSTOLIC <100> 50					
NATURE OF INJURY OR ILLNESS S - FEEL OK. NOTHING HAPPENED TO ME EXCEPT I FEEL DEPRESSED		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES					
O. PAIN X 3 Skin w/o touch Sleep plane & ease. No bruises or inflammation noted. p/o DISTRESS.									
PHYSICAL EXAMINATION A. ALT IN COMFORT									
P.D Tylenol CS mg t po now FOR FEVER.									
D DUC									
DIAGNOSIS									
INSTRUCTIONS TO PATIENT									
DISCHARGE DATE 9/21/04 3:56 AM		TIME AM PM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE b. h. l. con		DATE 9/21/04	PHYSICIAN'S SIGNATURE	DATE					
INMATE NAME (LAST, FIRST, MIDDLE) TUCKER, LEAMON		DOC# 125736		DOB 9/25/60	R/S B/m	FAC. ECC			

LEAMON TUCKER #125736
B-1-180

9-21-04 Rec.

Around 1 pm., stop to take break

Appx. 1 p.m., we stop to take a break on Hwy. 231 while on break, everybody else was on the van. I was drinking a coke standing on the passenger side of the van, and I turn to my right and look down the highway and seen this ~~white~~ car. The driver of the car appear to have pass out. The driver ran across the mile mark on the side of the highway. After striking the mile marker he slam into the back of the van. The car bounce back into the ditch and inmate caught a fire. My supervisor instruct me to help get the driver out of the car, because the impact seem to have knock him ^{unconscious} unconscious. After returning to the van to help the inmate get off the van. The van caught a fire we waited on the emergency to come help,

Leamer Tucke #125736

Douglas Spears A.S. 184120

Sitting in fan and was hit. Do not
know what happened.

Douglas Spears

Marvin Watson #141669

We were parked on the side of the
Road and all the sudden we got hit
By another CAR.

Marvin Watson
141669

9/23/04

ON 9-21-04 at approx 1:30 pm, we pulled over on Hwy 231 to take a break. I got out of the van to get a soda from the cooler, I got back in the van, I was sitting on the 3rd seat - driver's seat being the first seat - on the drivers side. I opened my coke & took a good swallow and time I finished, I heard a whhamm! Glass shattering and I'm trying to figure out what just happened. I could feel the van when it raised up off the ground. I climbed out of the van and help the other guys who were in the back of the ^{VAN} out. I helped pull some of the serious injured ones away from the van because the car that hit us was on fire. The fire dept, and paramedics arrived and took us to the hospital. That's all I know of the accident.

Marcus Jackson 187650
Marcus Jackson
B/M 187650

9-23-04

Donald Perdue - L-2-1397/213809

On 9-21-04. We pulled over to pick up the signs. And while during so, we took a break. I was sitting on the second seat from the front, directly behind Mr. Amberson. At the time I had been reading the news paper. Just a few seconds, after I was putting the news paper down, I felt an impact, and then the back end of the van went up in the air with some of us still on the van. Then I was praying Please Lord don't let it flip over. All of a sudden it landed back on the ground. That is when Mr. Amberson sat and him hit me in my chest. Then he began to get out of the van, when he got out, then I began to try to move, but my leg was caught. I pulled until I got my leg to safety. Then I began to make it out of the van. When I made it out, I was in real bad pain. Then I looked to my right and saw the old man trying to get out of his car, but he could not. That is when I told two of the inmates that was carrying another injured inmate, that I will pull the injured inmate to safety. Just help the old man. The fire had started to get worse.

Donald Perdue

I Was Setting in the Second to the last Set; just got through Eating my lunch and taking a Rest Room Break.

The next thing that happened A car hit the Van in the rear end i didn't hear or see the car coming

Date 9-23-04

Joey Dennis
Joey Dennis

Dept. 23
2004

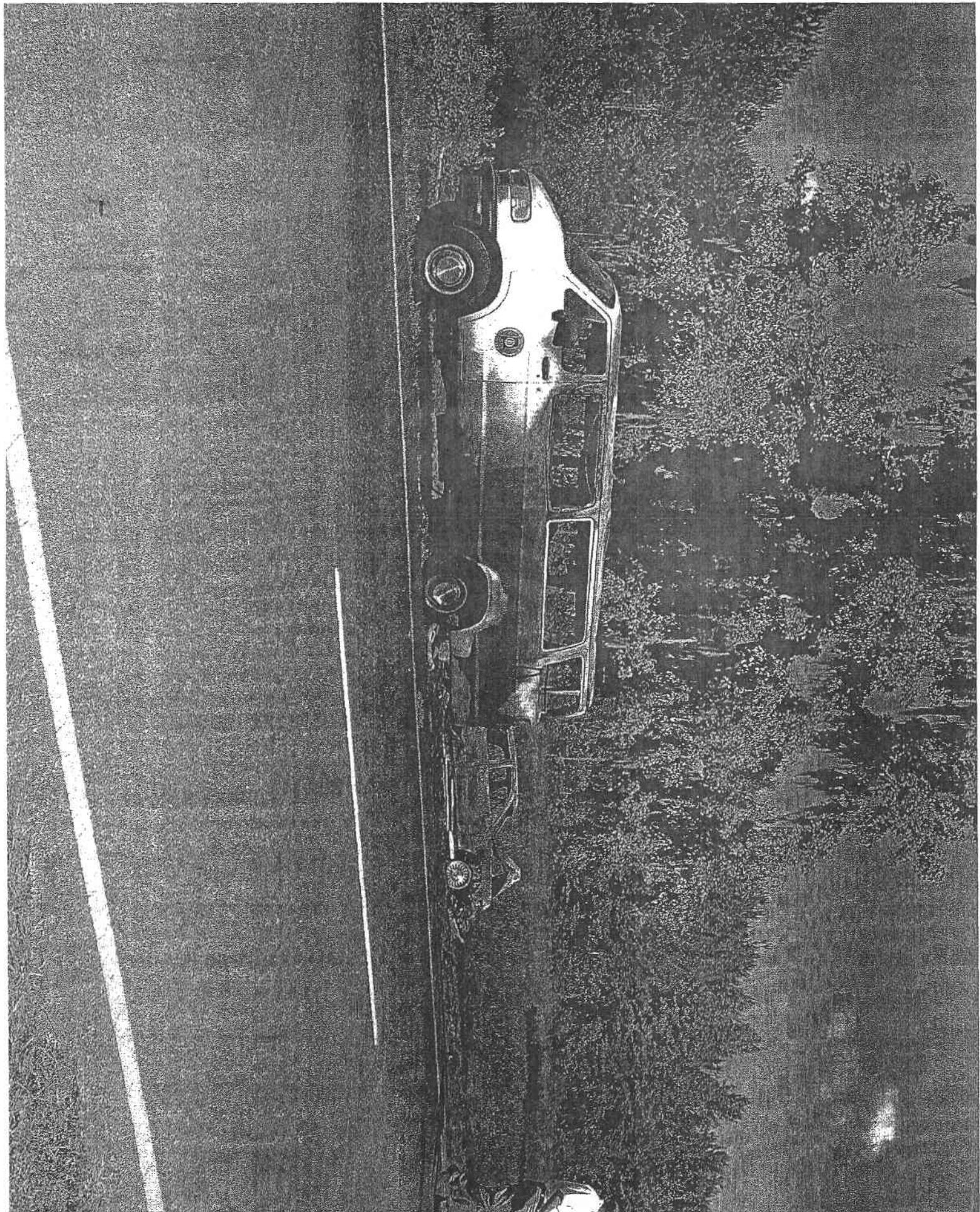
We Were Parked on the side of the Medina on the
grass, of Hwy 231 North. I left the van bye using the Back
Door to use the Bath-Room. ~~When~~ When I got back, I was
only at the van for 2 or 3 min befor the car came of the road,
and hit ~~my~~ marker. It was then that I know somthing
was wrong. befor I could react, the car had hit me too, and
then continued on. I didn't see or remember seeing much
more, but heard the crash.

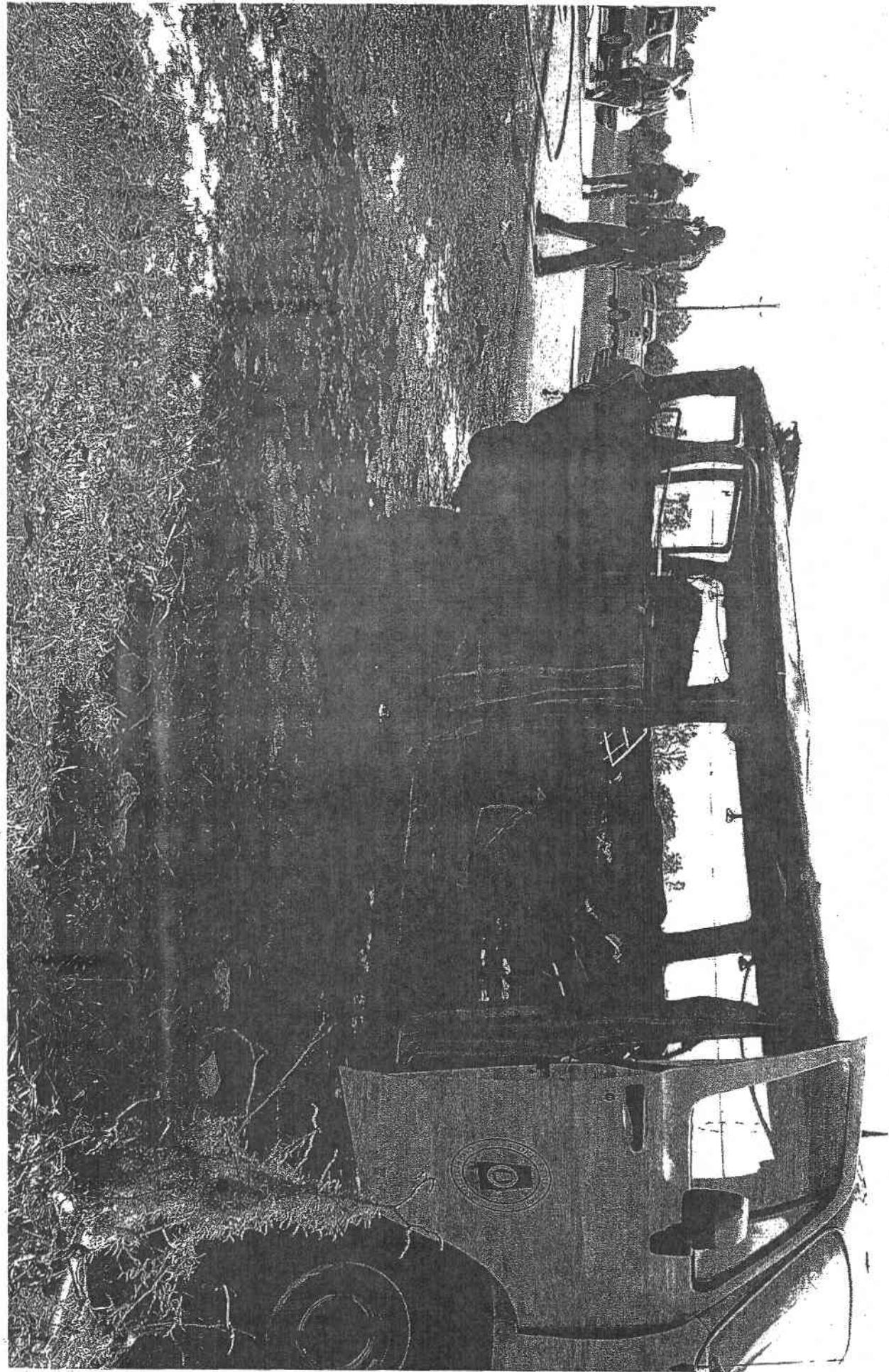
Douglas Thompson
#166485

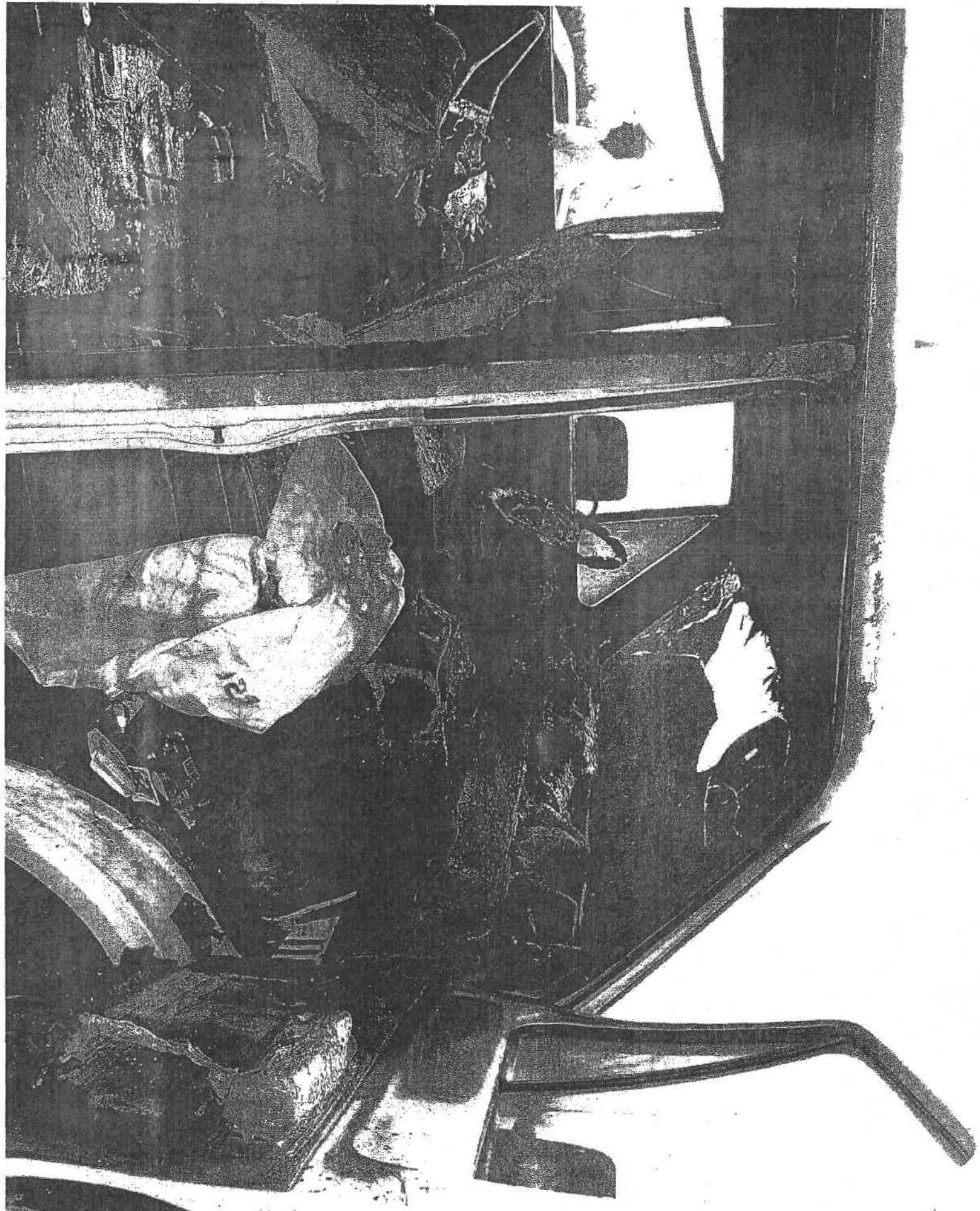
9-23-04

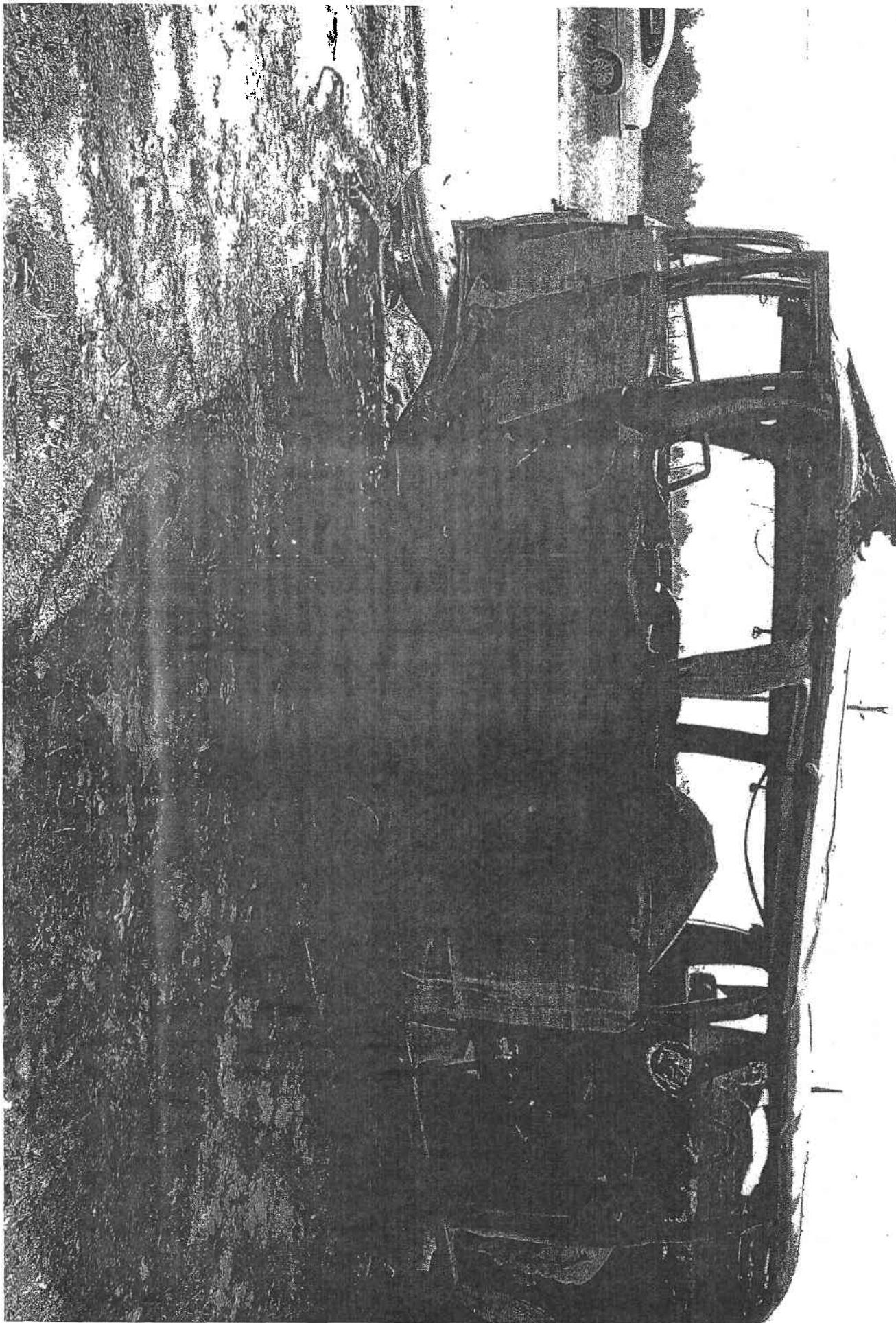
I LARRY LAMBERT WAS sitting inside of the VAN in the second from last seat in the back on the drivers side. I just finished my lunch And was reading An old news paper when the CAR hit us from behind. I never heard it coming no tire squeals or nothing. [REDACTED]

Larry Lambert
195129









MESSAGE CONFIRMATION

SEP-21-2004 02:58PM TUE

FAX NUMBER: 334 567 1804
NAME : ELMORE CORRECTIONAL

NAME/NUMBER : 567-0704
 PAGE : 001
 START TIME : SEP-21-2004 02:58PM TUE
 ELAPSED TIME : 00'35"
 MODE : G3 STD
 RESULTS : [O.K]



Bob Riley
GOVERNOR
WALTER THOMAS
WARDEN III

State of Alabama
Alabama Department of Corrections

Staton Correctional Facility
P.O. Box 56
Elmore, Alabama 36025
Phone: 334-567-2221 Fax: 334-567-0704



DONAL CAMPBELL
COMMISSIONER
IRON PORNESS
WARDEN II

COMMUNICATION DIVISION

TO: ELMORE CC DATE: 9-21-04
 ATTENTION: CAPT MATTHEWS FAX#
 RE: CRIMINAL HISTORY DRIVERS HISTORY WANTED PERSON CHECK VEHICLE REGISTRATION
 WE ARE BEGINNING TO SEND A COMMUNICATION OF 3 PAGES INCLUDING COVER SHEET.
 PLEASE CONTACT PCO KEETLEY AT STATION CORRECTIONAL FACILITY
 SHOULD YOU NOT RECEIVE ALL PAGES.

COMMENTS

TAG CHECK TA 00315

INFORMATION: _____ R/S _____ DOB _____
 RECEIVED BY: John matthews DATE: 9/21/04

NOTE: Person receiving the above information must sign this cover sheet and fax back to Staton Correctional Facility's Communications Division for NCIC/ACJIC compliance regulations.

DISCLAIMER: The information contained in this transmission is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of or taking of any action in reliance in the contents of this Tele-copied information is strictly prohibited. If you have received this transmission in error, please notify us.

**ALABAMA DEPARTMENT OF CORRECTIONS
CENTRAL COMMUNICATIONS INCIDENT REPORT**

Type of Incident: Accident Involving DOC Vehicle Institution: Elmore C C

Victim(s) Willie Ambers, COI AIS# N/A R/S B/M DOB: 09/15/55

Suspect(s) AIS# R/S DOB:

Sentenced From: _____ Date of Sentence: _____

Crime _____ Length of Sentence _____

Date: 09/21/04 Time: 2:00 Location: Highway 231 South, Montgomery

Brief Narrative:

On 09/21/04 Officer Willie Ambers was involved in an accident. The van he was driving was rearended on Highway 231 South (Montgomery). A total of nine (9) inmates were injured. Joey Dennis W/224604, Marcus Jackson B/187650, Larry Lambert W/195129, Marvin Nation W/141669, Donald Perdue B/213809, Douglas Spears W/184120, Douglas Thompson W/166485R, Leonon Tucker B/125736, all sustained non-life threatening injuries. Inmate Paul Laco W/197687 sustained life threatening injuries and is currently at Baptist South Hospital in Montgomery, Alabama.

Official Reporting: Capt John Matthes Date: 09/21/04 Time: 4:00 PM

Receiver of Report: PCO Keetley DOC Communication Div.

Dep. Commissioner: Greg Lovelace E-Mail Date: 09/21/04 Time: PM

Inst. Coordinator: Roy Hightower E-Mail Date: 09/21/04 Time: PM

Investigations: Paul Barfoot FAX Date: 09/21/04 Time: PM

Comm Corr Dir: Steve Hayes E-Mail Date: 09/21/04 Time: PM

Central Records: Notified by E-Mail Date: 09/21/04 Time: PM

Public Info Officer: Brian Corbett E-Mail Date: 09/21/04 Time: PM

Central Classification Paul Whaley E-Mail Date: 09/21/04 Time: PM



Bob Riley
GOVERNOR

WILLIE THOMAS
WARDEN III

State of Alabama

Alabama Department of Corrections

D.O.C. Central Communications /Staton Correctional Facility

P.O. Box 56

Elmore, Alabama 36025

Phone: 334-567-2221 - Fax: 334-567-0704



DONAL CAMPBELL
COMMISSIONER

LEON FORNASS
WARDEN II

Ref: Escapes/Recaptures/Major Incidents and Important Teletypes

This fax is being sent to several locations at the same time. When received at your location,
please make copies and give a copy to each person or department on your list.

D.O.C. CENTRAL OFFICE

SEPTEMBER 17, 2004

Commissioner	Donal Campbell	"
Ex Asst. Commissioner	Steve Hayes	"
Deputy Commissioner	Greg Lovelace	"
Institutional Coordinator	Roy Hightower	"
Public Information Officer	Brian Corbett	"
Comm. Contr. Program Dir.	Steve Hayes	"
R.M.E.	David Horn	"

SEPTEMBER 24, 2004

INVESTIGATION & INTELLIGENCE

Paul Barfoot	Central I & I
Scotty Wells	Birmingham I & I
John Walls	Northern I & I
Donnie Nunley	Southern I & I

CENTRAL RECORDS DIVISION

Katrina Atkins / Aurelia Adams

CENTRAL CLASSIFICATION

Paul Whaley

KILBY CORRECTIONAL FACILITY

Warden Rowell

Classification

Receiving

Medical Records



BOB RILEY
GOVERNOR

WILLIE THOMAS
WARDEN III

State of Alabama
Alabama Department of Corrections

Staton Correctional Facility
 P.O. Box 56
 Elmore, Alabama 36025
 Phone: 334-567-2221 Fax: 334-567-0704



DONAL CAMPBELL
COMMISSIONER

LEON FORNISSE
WARDEN II

COMMUNICATION DIVISION

TO: ELMORE CC DATE: 9-21-04

ATTENTION: CAPT MATTHEWS FAX#

RE: CRIMINAL HISTORY DRIVERS HISTORY WANTED PERSON CHECK VEHICLE REGISTRSTION

WE ARE BEGINNING TO SEND A COMMUNICATION OF 3 PAGES INCLUDING COVER SHEET.

PLEASE CONTACT PCO KEETLEY AT STATON CORRECTIONAL FACILITY
 SHOULD YOU NOT RECEIVE ALL PAGES.

COMMENTS

TAG CHECK 8A 00315

INFORMATION: _____ R/S _____ DOB _____

RECEIVED BY: John Matthews DATE: 9/21/04

NOTE: Person receiving the above information must sign this cover sheet and fax back to Staton Correctional Facility's Communications Division for NCIC/ACJIC compliance regulations.

DISCLAIMER: The information contained in this transmission is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of or taking of any action in reliance in the contents of this Tele-copied information is strictly prohibited. If you have received this transmission in error, please notify us.

VZH.09/21/04 14:44
DR.ALOLN0000.AL029045C.

TXT
WALKER, GILBERT M JR
1690 MOUNTAIN TRAIL WARRIOR AL 36180
RAC/W. SEX/M. DOB/07231934. HGT/601. WGT/180. HAI/BLN. EYE/BLU.
OLN/1194868. OLT/OPERATOR. EXP/07312006. SOC/424320417
NON-COMMERCIAL STATUS/CURRENT. CLASS/DM
COMMERCIAL STATUS/UNLICENSED BOAT STATUS/UNLICENSED
SEQ # 0058 MRI # 105651

VZH.09/21/2004 14:44
AL029045C

NO ACJIC PERSON WANTS NAM/WALKER, GILBERT M JR DOB/07231934 SEX/M RAC/W
NO ACJIC PERSON WANTS OLN/1194868
NO ACJIC PERSON WANTS SOC/424320417
SEQ # 0059 MRI # 105654

VZH.14:46 09/21/2004 105655

AL029045C

NO NCIC WANT SOC/424320417
NO NCIC WANT OLN/1194868
NO NCIC WANT NAM/WALKER, GILBERT M JR DOB/19340723 RAC/W SEX/M
SEQ # 0060 MRI # 105655

VZH.09/21/2004 14:44

RR.AL029045C.

LIT/PC CAR/TRUCK UP TO 8000 LBS - OR (VAN,CHURCH/PRIV BUS,VOL FIRE DEPT TRUCK)

LIC/8A0031J LIY/2004

WALKER GILBERT M JR

1690 MTN TRL

WARRIOR

AL 35180

VIN/ 2MEFM75WOXX628820 VMA/MERC VYR/1999 VMG/GRAND MAR VST/4S

CNT/08 DCL/00083304 VCO/GLD

ISS/06102004 EXP/092004

***** CAUTION *****

THIS INFORMATION IS BASED ON THE VEHICLE REGISTERED OWNER
THE REGISTERED OWNER MAY NOT BE THE ACTUAL DRIVER OF THE VEHICLE
DRIVER LICENSE NUMBER (DLN) HAS NOT BEEN VERIFIED

OWNER OLS/AL OWNER OLN/1194868

*** VEHICLE LIABILITY INSURANCE STATUS - UNKNOWN ***

END-OF-TAG-INQUIRY

GRACE PERIOD-COMMERCIAL/FLEET-60 DAYS ALL OTHERS-30 DAYS

SEQ # 0056 MRI # 105630

VZH.09/21/2004 14:44

AL029045C

NO RECORD ACJIC LIC/8A0031J.

NO RECORD ACJIC VIN/2MEFM75WOXX628820

SEQ # 0056 MRI # 105632

VZH.14:45 09/21/2004 105633

AL029045C

NO RECORD LIC/8A0031J

NO RECORD VIN/2MEFM75WOXX628820

SEQ # 0057 MRI # 105633

Haynes Ambulance of Alabama, Inc

Date: 9/21/04

Day: Tuesday

E.R.: BMC-S

Dispatch Signature: Chas

AMBULANCE RUN LOG

ALABAMA DEPT. OF CORRECTIONS
INVESTIGATION AND INTELLIGENCE DIVISION

FACSIMILE TRANSMITTAL SHEET

TO: Wanda Hadley & Bennie FROM: C.P. Barfoot
FAX NUMBER: ✓ DATE: 10/19/02
COMPANY: TOTAL NO. OF PAGES INCLUDING COVER: 9
PHONE NUMBER: SENDER'S NAME
RE: YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

SEP 28 2004

State Vehicle
ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

05003

Additional No.

Address Lines To Be Used By Data Processing Only

Sheet 1 of 1 Similar(s)

Incident No.

Lane Cen Un.

Highway Classification

I - Interstate

B - State

C - Federal

D - County

E - Other

M - Municipal

F - Private Prop.

G - Other

Locl Zone

Date
Month Day Year
On Street, Road or HighwayTime
AM PM
1:25 AMDay of Week
M T W Th F S SCounty
03City
00Road
00Lane
00

Cross Un.

Highway Classification

I - Interstate

B - State

C - Federal

D - County

E - Other

M - Municipal

F - Private Prop.

G - Other

Locl Zone

04 - Divided

05 - One-Way

06 - Roundabout

07 - Interchange

08 - Accelerated

09 - One-Way

10 - Roundabout

11 - Interchange

12 - Accelerated

13 - One-Way

14 - Roundabout

15 - Interchange

16 - Accelerated

17 - One-Way

18 - Roundabout

19 - Interchange

20 - Accelerated

21 - One-Way

22 - Roundabout

23 - Interchange

24 - Accelerated

25 - One-Way

26 - Roundabout

27 - Interchange

28 - Accelerated

29 - One-Way

30 - Roundabout

31 - Interchange

32 - Accelerated

33 - One-Way

34 - Roundabout

35 - Interchange

36 - Accelerated

37 - One-Way

38 - Roundabout

39 - Interchange

40 - Accelerated

41 - One-Way

42 - Roundabout

43 - Interchange

44 - Accelerated

LOCATION AND TIME

UNIT NO

LEFT SCENE

COM VEH

VEHICLE

UNIT NO

LEFT SCENE

COM VEH

VEHICLE

CODES

Date
09/21/2004

Month Day Year

On Street, Road or Highway

Time
1:25 AM

AM PM

15

03

Sheet 1 of 1

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CRIMINAL VICTIMS N/A CODES	Other Involved Unit (Circle One)				Other Involved Unit (Circle One)				CODES							
	1	2	3	10	1	2	3	10	12 - Pedestrian	13 - Rider of Domestic Animal	14 - Occupant of Non-Automobile Vehicle	15 - Victim of Other Circumstances/ Codes Not Applicable	01 - None Involved	02 - Pedestrian	03 - Rider of Domestic Animal	04 - Occupant of Non-Automobile Vehicle
	43	1	6	11	2	44	1						05 - Unknown (Any Type)	06 - R/W Only	07 - FARMED	08 - Non-Farmed
	4	5			3	5	6	11					09 - Shopper/Resident	10 - One Way	11 - Left Turn	12 - Right Turn
	7	A	B		2	7	8	9					13 - Center Turn	14 - Other	15 - Shoulder Turn	16 - Both Ways
	Other Involved Safety Equipment				Other Involved Safety Equipment				Other Involved Safety Equipment				Other Involved Safety Equipment			
									95							
					Unit	Agent	Type	Age	Sex	SSN	Date	Unit	Agent	Type	Age	
					Num	Na	Typ	Yrs	Sex	Num	MM	Num	Na	Typ	Yrs	
<p>Name: <u>Gilbert Walker 1680 mt. Trail warrior, Al.</u> Taken At: <u>Haynes Ambulance</u> <u>Baptist South</u> Taken To: <u>Haynes Ambulance</u> <u>Willie Ambers PO Box 231314 montgomery, Al.</u> Taken At: <u>Haynes Ambulance</u> <u>Baptist South</u> Taken To: <u>Haynes Ambulance</u></p>																
<p>Victim Type: <input checked="" type="checkbox"/> A - Visible or Shown from Scene <input type="checkbox"/> B - Not Visible—Has Pain/Faint <input type="checkbox"/> C - Not Visible—Has Pain/Faint</p>				<p>Victim Status: <input type="checkbox"/> E - Alive <input type="checkbox"/> F - Unconscious <input type="checkbox"/> G - Not Applicable</p>				<p>Victim Attire: <input type="checkbox"/> H - Ambulance Attire <input checked="" type="checkbox"/> I - Clothing <input type="checkbox"/> J - Other</p>				<p>Victim Info: <input type="checkbox"/> K - Hospitalized <input type="checkbox"/> L - Deceased <input type="checkbox"/> M - Ambulance <input type="checkbox"/> N - Other <input type="checkbox"/> O - Unknown <input type="checkbox"/> P - Parties <input type="checkbox"/> Q - Unknown <input type="checkbox"/> R - None</p>				

For Diagram see sheet Four

NARRATIVE AND DRAWING

Officer's Description of What Happened

For Narrative see sheet Four

N/A <input type="checkbox"/>	For Part 1 roadway environment field, Circle One Entry for Each Involved Unit:								Characteristics			
N/A <input checked="" type="checkbox"/>	Contributing Road Surface		Condition	Available In Or Related To Road	Material In Roadway (Contributing)			Material Source	<input checked="" type="checkbox"/> 1 - Straight—Asphalt <input type="checkbox"/> 2 - Natural Environment <input type="checkbox"/> 3 - Dropped From Vehicle <input type="checkbox"/> 4 - Already In Road, Der <input type="checkbox"/> 5 - Other <input type="checkbox"/> 6 - Unknown			
1	Unit 1	1 - Asphalt	1 - Dry	1 - No	5 - Gravel	1 - Not Applicable	1 - Street—Asphalt	1 - 1. Faded Surface	1 - 1. One Lane			
2	Unit 2	2 - Concrete	2 - Wet	2 - Yes	6 - On/Roll	2 - 2. Natural Environment	2 - 2. Straight—Open Grade	2 - 2. Two Lanes				
		3 - Asphalt	3 - Icy	3 - Yes	7 - Rocks	3 - 3. Dropped From Vehicle	3 - 3. Straight—On Grade	3 - 3. Three Lanes				
		4 - Impaired	4 - Muddy	4 - Yes	8 - Trees/Limbs	4 - 4. Other	4 - 4. One Lane	4 - 4. Curved—Hilly				
		5 - Other	6 - Other	5 - No	9 - Dirt	5 - 5. Already In Road, Der	5 - 5. Two Lanes	5 - 5. Curved—Level				
				6 - No		6 - 6. Other	6 - 6. Unknown	6 - 6. Unknown				

RADWAY ENVIRONMENT	Within Observed RT:	Traffic Control	Operating Lanes Separated By:	Trafficway Lanes
1	10 - Blended By Surroundings	1 - Police Officer	11 - 11 - Meager	1 - One Lane
2	11 - Fire/Smoke	2 - P.P. Controlling Traffic	12 - 12 - No Passing Zone	2 - Two Lanes
3	12 - Dust	3 - RR, Flashing Lights	13 - 13 - None	3 - Three Lanes
4	13 - Directed by Headlights	4 - R.R. Crosswalk/4-Way Mark	14 - 14 - Other	4 - Four Lanes
5	14 - Embankment	5 - Pedestrian Control	15 - 15 - Other	5 - Five Lanes
6	15 - Rain on Windshield	6 - Traffic Signal	16 - 16 - Other	6 - Six Lanes
7	16 - Snow on Windshield	7 - Flashing Beacon	17 - 17 - Other	7 - Seven Lanes
8	17 - Other	8 - Sign	18 - 18 - Other	8 - Eight Lanes
9	18 - Unknown	9 - Yield Signs	19 - 19 - Other	9 - Nine Lanes
		10 - Lane Control Device	20 - 20 - Other	10 - Ten Lanes
			NT	11 - 11 - Other

INVESTIGATOR	Light	Weather	Location	Non-Roadway Property Damage	Property Damage Description
	1 - Daylight	1 - Clear	1 - Open Country	1 - Non-Vehicle	1 - Red sign LITTLE MARKER
	2 - Dawn	2 - Cloudy	2 - Residential	2 - Moderate	2 - Other AL PORT OF TOWN
	3 - Dusk	3 - Rain	3 - Commercial	3 - Severe	3 - 1407 COL IS ON 15108
	4 - Darkness—Road Lit	5 - Fog	4 - Playground	4 - Light	4 - Address
		6 - Snow	5 - Other	5 - Other	5 - Telephone
		7 - Other	6 - Other	6 - Other	6 - Telephone
			7 - Other	7 - Other	7 - Supervisor Required
				8 - Other	8 - Supervisor Required
				9 - Other	9 - Supervisor Required
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				199 - Other	199 - Supervisor Required
				200 -	

AST-27
NOV. 1/03

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No. 555638

Information About the Units Involved Only

Date _____

Time _____

Microfilm No. _____

Last Case No. _____

Locality _____

Date Day Month Year

Day of Week

County

City

Rural

Highway Classification:

1 - Interstate 2 - State

M - Municipal

3 - Federal 4 - County

P - Private Prop.

5 - Other

Q - Other

On Street, Road or Highway

At Intersection of or Between (Node 11)

And (Node 11)

MANUFACTURED FOR EVENT

1 - Unfinished

Dr. - Passenger Full Frame

2 - Fire Equipment

Mobile Vehicle

3 - Ambulance

4 - Police/Marsh. Unit

4 - Fire Equipment

5 - Limited

5 - Unfinished

6 - General

6 - Commercial

7 - Government

7 - Industrial

8 - Residential

8 - Agricultural

9 - Other

9 - Manufacturing

10 - Commercial

10 - Industrial

11 - Residential

11 - Agricultural

12 - Other

12 - Manufacturing

13 - Commercial

13 - Industrial

14 - Residential

14 - Agricultural

15 - Other

15 - Manufacturing

16 - Commercial

16 - Industrial

17 - Residential

17 - Agricultural

18 - Other

18 - Manufacturing

19 - Commercial

19 - Industrial

20 - Residential

20 - Agricultural

21 - Other

21 - Manufacturing

22 - Commercial

23 - Industrial

24 - Residential

25 - Agricultural

26 - Other

27 - Manufacturing

28 - Commercial

29 - Industrial

30 - Residential

31 - Agricultural

32 - Other

33 - Manufacturing

34 - Commercial

35 - Industrial

36 - Residential

37 - Agricultural

38 - Other

39 - Manufacturing

40 - Commercial

41 - Industrial

42 - Residential

43 - Agricultural

44 - Other

45 - Manufacturing

46 - Commercial

47 - Industrial

48 - Residential

49 - Agricultural

50 - Other

51 - Manufacturing

52 - Commercial

53 - Industrial

54 - Residential

55 - Agricultural

56 - Other

57 - Manufacturing

58 - Commercial

59 - Industrial

60 - Residential

61 - Agricultural

62 - Other

63 - Manufacturing

64 - Commercial

65 - Industrial

66 - Residential

67 - Agricultural

68 - Other

69 - Manufacturing

70 - Commercial

71 - Industrial

72 - Residential

73 - Agricultural

74 - Other

75 - Manufacturing

76 - Commercial

77 - Industrial

78 - Residential

79 - Agricultural

80 - Other

81 - Manufacturing

82 - Commercial

83 - Industrial

84 - Residential

85 - Agricultural

86 - Other

87 - Manufacturing

88 - Commercial

89 - Industrial

90 - Residential

91 - Agricultural

92 - Other

93 - Manufacturing

94 - Commercial

95 - Industrial

96 - Residential

97 - Agricultural

98 - Other

99 - Manufacturing

100 - Commercial

101 - Industrial

102 - Residential

103 - Agricultural

104 - Other

105 - Manufacturing

106 - Commercial

107 - Industrial

108 - Residential

109 - Agricultural

110 - Other

111 - Manufacturing

112 - Commercial

113 - Industrial

114 - Residential

115 - Agricultural

116 - Other

117 - Manufacturing

118 - Commercial

119 - Industrial

120 - Residential

121 - Agricultural

122 - Other

123 - Manufacturing

124 - Commercial

125 - Industrial

126 - Residential

127 - Agricultural

128 - Other

129 - Manufacturing

130 - Commercial

131 - Industrial

132 - Residential

133 - Agricultural

134 - Other

135 - Manufacturing

136 - Commercial

137 - Industrial

138 - Residential

139 - Agricultural

140 - Other

141 - Manufacturing

142 - Commercial

143 - Industrial

144 - Residential

145 - Agricultural

146 - Other

147 - Manufacturing

148 - Commercial

149 - Industrial

150 - Residential

151 - Agricultural

152 - Other

153 - Manufacturing

154 - Commercial

155 - Industrial

156 - Residential

157 - Agricultural

158 - Other

159 - Manufacturing

160 - Commercial

161 - Industrial

162 - Residential

163 - Agricultural

164 - Other

165 - Manufacturing

166 - Commercial

167 - Industrial

168 - Residential

169 - Agricultural

170 - Other

171 - Manufacturing

172 - Commercial

173 - Industrial

174 - Residential

175 - Agricultural

176 - Other

177 - Manufacturing

178 - Commercial

179 - Industrial

180 - Residential

181 - Agricultural

182 - Other

183 - Manufacturing

184 - Commercial

185 - Industrial

186 - Residential

187 - Agricultural

188 - Other

189 - Manufacturing

190 - Commercial

191 - Industrial

192 - Residential

193 - Agricultural

194 - Other

195 - Manufacturing

196 - Commercial

197 - Industrial

198 - Residential

199 - Agricultural

200 - Other

201 - Manufacturing

202 - Commercial

203 - Industrial

204 - Residential

205 - Agricultural

206 - Other

207 - Manufacturing

208 - Commercial

209 - Industrial

210 - Residential

211 - Agricultural

212 - Other

213 - Manufacturing

214 - Commercial

215 - Industrial

216 - Residential

217 - Agricultural

218 - Other

219 - Manufacturing

220 - Commercial

221 - Industrial

222 - Residential

223 - Agricultural

224 - Other

225 - Manufacturing

226 - Commercial

227 - Industrial

228 - Residential

229 - Agricultural

230 - Other

231 - Manufacturing

232 - Commercial

233 - Industrial

234 - Residential

235 - Agricultural

236 - Other

237 - Manufacturing

238 - Commercial

239 - Industrial

240 - Residential

241 - Agricultural

242 - Other

243 - Manufacturing

244 - Commercial

245 - Industrial

246 - Residential

247 - Agricultural

248 - Other

249 - Manufacturing

250 - Commercial

251 - Industrial

252 - Residential

253 - Agricultural

254 - Other

255 - Manufacturing

256 - Commercial

257 - Industrial

258 - Residential

259 - Agricultural

260 - Other

261 - Manufacturing

262 - Commercial

263 - Industrial

264 - Residential

265 - Agricultural

266 - Other

267 - Manufacturing

268 - Commercial

269 - Industrial

270 - Residential

271 - Agricultural

272 - Other

273 - Manufacturing

274 - Commercial

275 - Industrial

276 - Residential

277 - Agricultural

278 - Other

279 - Manufacturing

280 - Commercial

281 - Industrial

AST. 78
REV. 1/9

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

SEATED	Other Involved Unit (Circle One)										Other Involved Unit (Circle One)										CODES																			
	<input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	<input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	<input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	<input checked="" type="checkbox"/>	Safety Equipment					
	12 - Pedestrian 13 - Rider in Domestic Animal 14 - Occupant of Non-Motorized Vehicle 15 - Victim of Other Circumstances/ Other Not Available										12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occupant of Non-Motorized Vehicle 15 - Victim of Other Circumstances/ Other Not Available																													
	Other Involved Safety Assessment										Other Involved Safety Assessment										91																			
VICTIMS	Name _____ Address _____ Taken To _____										Unit No. _____ Shift _____ Injury Type _____ Age _____ Sex _____ Ejection _____ Ward _____										SAFETY EQUIPMENT																			
	Paul Laco P O Box 8 Elmire, NY Baptist South										2 15 PM 35 min N M Hughes Ambulance																													
N/A	Name _____ Address _____ Taken To _____										Unit No. _____ Shift _____ Injury Type _____ Age _____ Sex _____ Ejection _____ Ward _____										SAFETY EQUIPMENT																			
	Leroy Lambert P O Box 8 Elmire, NY Baptist South										2 15 PM 35 min N M Hughes Ambulance																													
CODES	Injury Type A - Visible or Gained from Scene B - Sprain/Fracture/Swelling C - Red, Visible - Non Pain/Pain										Patient A - No B - Yes C - Partially D - Not Applicable										Ambulance Attended A - Ambulance Attended B - Doctor C - Paramedic D - Other										First Aider A - Paramedic B - Other C - Police D - Unknown E - None									

For Diagram see Sheet four

Officer's Opinion of What Happened

For Narrative see sheet four

ROADWAY ENVIRONMENT	For Each Roadway Environment Grid, Circle One Entry for Each Involved Unit										Character:																																							
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Unit 11	Unit 12	Unit 13	Unit 14	Unit 15	Unit 16	Unit 17	Unit 18	Unit 19	Unit 20	Unit 21	Unit 22	Unit 23	Unit 24	Unit 25	Unit 26	Unit 27	Unit 28	Unit 29	Unit 30	Unit 31	Unit 32																		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
	Vision Observed By:										Traffic Control:										Opposing Lanes Separated By:										Traffic Lanes:																			
37	87 - Not Obscured	10	10 - Blocked by Sunlight	1	1 - Pedestrian	11	11 - Pedestrian	1	1 - Curve - Level	1	1 - Curve - Down Grade	1	1 - Curve - Up Grade	1	1 - Curve - Down Grade	1	1 - Curve - Up Grade	1	1 - Curve - Level	1	1 - Curve - Down Grade	1	1 - Curve - Up Grade	1	1 - Curve - Down Grade	1	1 - Curve - Up Grade	1	1 - Curve - Level	1	1 - Curve - Down Grade	1	1 - Curve - Up Grade																	
1	1 - Buildings	11	11 - Fire/Smoke	2	2 - Pedestrian	12	12 - No Pedestrian Zone	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment	2	2 - Natural Environment																	
2	2 - Signpost	12	12 - Dust	3	3 - Light	13	13 - Blocked by Headlight	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road	3	3 - Road																	
3	3 - Trees, Green, Bare	13	13 - Blocked by Headlight	4	4 - Snowy, Shiny, Sand	14	14 - Embankment	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.	4	4 - Road Surface/Mark.																	
4	4 - Glowing, Shiny, Sand	14	14 - Embankment	5	5 - Hillside	15	15 - Road or Walkway	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control	5	5 - Pedestrian Control																			
5	5 - Hillside	16	16 - Snow on Walkway	6	6 - Road in Rain	17	17 - Snow on Walkway	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal	6	6 - Road Signal																					
6	6 - Snow in Rain	18	18 - Other	7	7 - Stop Sign	19	19 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign	7	7 - Stop Sign																					
7	7 - Fog	20	20 - Other	8	8 - Yield Sign	21	21 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign	8	8 - Yield Sign																					
8	8 - Fog	22	22 - Unknown	9	9 - Lane Control Device	23	23 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device	9	9 - Lane Control Device																					
9	9 - Fog	24	24 - Unknown	10	10 - Lane Control Device	25	25 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device	10	10 - Lane Control Device																							
	Light:										Weather:										Lane:										Non-Habitual Property Damage:										Property Damage Description:									
1	1 - Daylight	2	2 - Darkness - Road	3	3 - Day/Night	4	4 - Cloudy	5	5 - Overcast	6	6 - Rain	7	7 - Fog	8	8 - Hail	9	9 - Wind	10	10 - Haze	11	11 - Foggy	12	12 - No Passing Zone	13	13 - Name	14	14 - Name	15	15 - Name	16	16 - Name	17	17 - Name	18	18 - Name	19	19 - Name	20	20 - Name											
2	2 - Dark	3	3 - Dark	4	4 - Dark	5	5 - Dark	6	6 - Dark	7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark															
3	3 - Dark	4	4 - Dark	5	5 - Dark	6	6 - Dark	7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																	
4	4 - Dark	5	5 - Dark	6	6 - Dark	7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																			
5	5 - Dark	6	6 - Dark	7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																					
6	6 - Dark	7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																							
7	7 - Dark	8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																									
8	8 - Dark	9	9 - Dark	10	10 - Dark	11	11 - Dark	12	12 - Dark	13	13 - Dark	14	14 - Dark	15	15 - Dark	16	16 - Dark	17	17 - Dark	18	18 - Dark	19	19 - Dark																											
	Time Police Arrived:										Time EMS Arrived:										Names of Photographers:										Property Damage Description:																			
1	1 - 29 AM	2	2 - 45 AM	3	3 - 35 AM	4	4 - 55 AM	5	5 - 45 AM	6	6 - 45 AM	7	7 - 45 AM	8	8 - 45 AM	9	9 - 45 AM	10	10 - 45 AM	11	11 - 45 AM	12	12 - 45 AM	13	13 - 45 AM	14	14 - 45 AM	15	15 - 45 AM	16	16 - 45 AM	17	17 - 45 AM	18	18 - 45 AM	19	19 - 45 AM													
	Witness Full Name:										Address:										Witness Full Name:										Address:																			
	NA										NA										NA										NA																			
	Name of Investigating Officer:										Officer ID #:										Officer ID #:										Agency ID #:																			
	TAC H. C. Frost										6451										6451										Astro 300																			
	TAC C. Hardy										4453										4453										Astro 300																			
	Signature of Investigating Officer:										Signature of Investigator:										Signature of Investigator:										Signature Reviewed:																			
	H. C. Frost										TAC H. C. Frost										TAC H. C. Frost										Date 09-21-04																			

ALABAMA
UNIFORM TRAFFIC ACCIDENT REPORT

452543

Accident No.

SHEET 4 OF 4 SHEET(S)

AST No. 2A Rev. 4/98

SUPPLEMENTAL SHEET

Unit No.	Unit Pls.	Injury Type	Age	Sex	Height	Weight	First Aid Rx
----------	-----------	-------------	-----	-----	--------	--------	--------------

3	Name: Marcus Jackson PO Box 8 Elmore, AL Taken to: Baptist South	Address: Hayes Ambulance	2 15 A	25m	N	M	
4	Name: Marvin Nelson PO Box 8 Elmore, AL Taken to: Baptist South	Address: Hayes Ambulance	2 15 A	38m	N	M	
5	Name: Douglas Thompson PO Box 8 Elmore, AL Taken to: Baptist South	Address: Hayes Ambulance	3 12 A	39m	A	M	
6	Name: Douglas Spears PO Box 8 Elmore, AL Taken to: Baptist South	Address: Hayes Ambulance	4 12 A	29m	A	M	
7	Name:	Address:					
8	Name:	Address:					
9	Name:	Address:					
10	Name:	Address:					
11	Name:	Address:					
12	Name:	Address:					

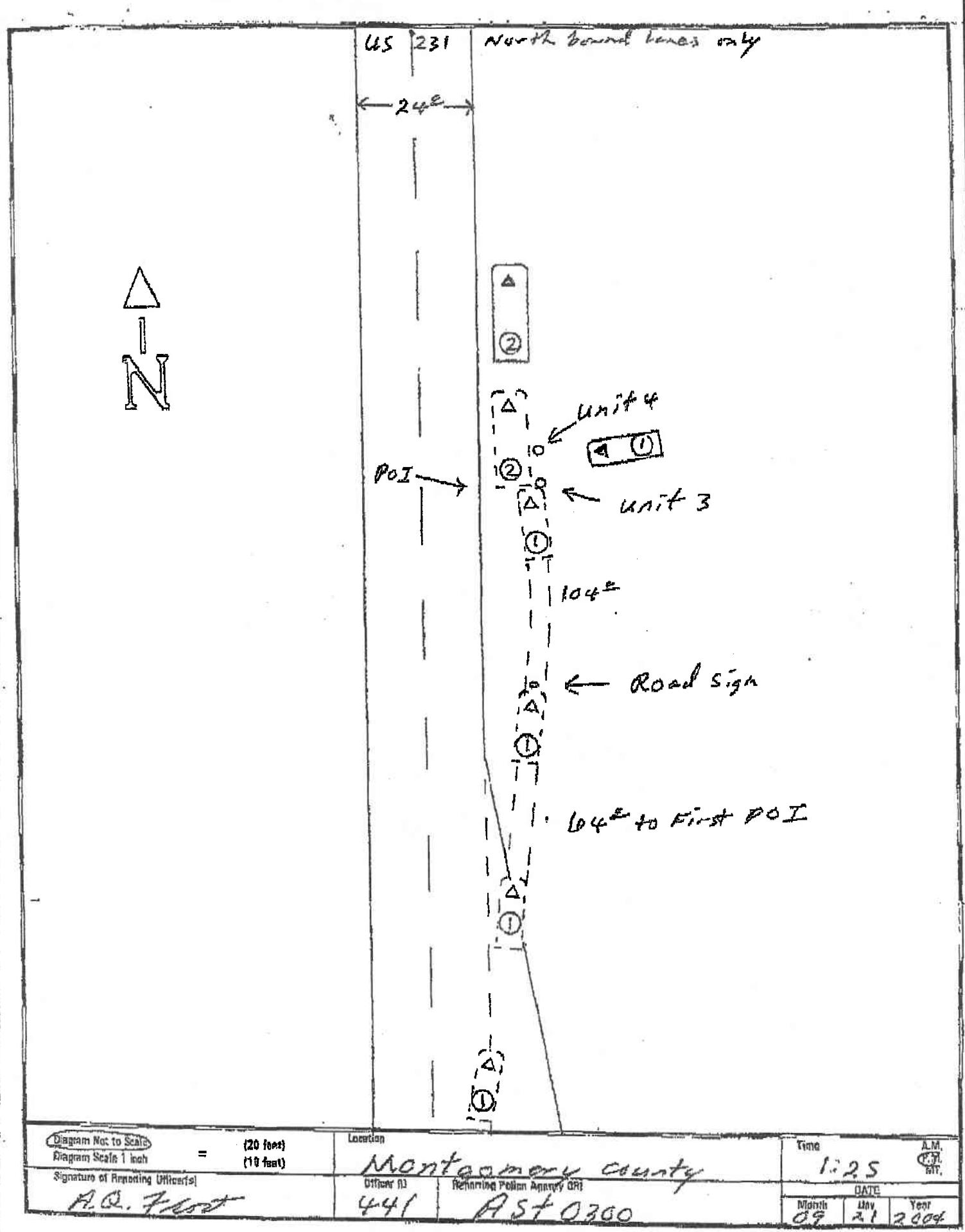
DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

Unit #1 was north bound on US 231 when it ran off the right edge of the roadway and struck a road sign (164 mile marker). The vehicle then traveled approximately 104 feet on the shoulder of the roadway before striking Unit #2.

Unit #2, an Alabama Department of Corrections van occupied by a driver and 6 state of Alabama prison inmates, was parked on the north bound shoulder of US 231. Two other state inmates (Units 3 and 4) standing next to unit #2 were also injured by the collision.

The driver of unit #1 stated all he remembered was driving on US 231, then waking up sitting in a field. The driver further stated he knew he had hit something but he didn't know what.

ADDITIONAL HARRINGTON SPACE



AST-20
REV 1.91

SEP 28 2004

State Vehicle
ALABAMA UNIFORM TRAFFIC ACCIDENT REPORTDVS
Accident No. 525006

Scenes Areas In Be Used By Data Processing Only

Street

Mile (s)

Milepost No.

Day of Week

Month

Year

AM

PM

Year

R R S

M T W

Y

F R S

J U N

Y

O C T

J U N

Y

N O V

J U N

Y

D E C

J U N

Y

J A N

J U N

Y

F E B

J U N

Y

M A R

J U N

Y

A P R

J U N

Y

M A Y

J U N

Y

J U N

J U N

Y

J U L

J U N

Y

A U G

J U N

Y

S E P

J U N

Y

O C T

J U N

Y

N O V

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D E C

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J U N

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F E B

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M A R

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M A Y

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N O V

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Y

D E C

J U N

SEATING	Other Occupied Unit (Circle One)									Other Occupied Unit (Circle One)									CODES									
	1			443			10			2			44			10			12			SAFETY EQUIPMENT						
<input checked="" type="checkbox"/> Pedestrian			<input type="checkbox"/> Alter of Domestic Animal			<input type="checkbox"/> Alter of Non-Mammalian Animal			<input type="checkbox"/> Driver of Non-Mammalian Vehicle			<input type="checkbox"/> Pedestrian			<input type="checkbox"/> Alter of Domestic Animal			<input type="checkbox"/> Alter of Non-Mammalian Animal			<input type="checkbox"/> Driver of Non-Mammalian Vehicle							
<input type="checkbox"/> Alter of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable			<input type="checkbox"/> Driver of Other Occupant/ Driver Not Applicable							
Other Injuries X-Body Penetrating									Other Injuries X-Body Penetrating									Other Injuries X-Body Penetrating									Other Injuries X-Body Penetrating	
VICTIMS	Name										Address										Unit No.	Seat Pos.	Injury Type	Age	Sex	Class	Res. Area	
	Gilbert Walker 1680 Mt. Trail Morris, Al.										11 A 30 M N M																	
N/A	Baptist South										Hagan Ambulance										Taken By							
	Willie Lampas PO Box 231214 Sealy, Tx										21 A 49 M N M																	
CODES	Wing Type					N - Use					I - Use					A - Ambulance Attended					R - Ambulance Attended							
	<input type="checkbox"/> R - Rigid	<input type="checkbox"/> A - Wings or Booster Team Driven	<input type="checkbox"/> D - Deep	<input type="checkbox"/> T - Transport	<input type="checkbox"/> N - Non Applicable	<input type="checkbox"/> P - Portable	<input type="checkbox"/> U - Utility	<input type="checkbox"/> S - Search	<input type="checkbox"/> E - Emergency	<input type="checkbox"/> C - Crash	<input type="checkbox"/> H - Heavy	<input type="checkbox"/> F - Fire	<input type="checkbox"/> M - Maintenance	<input type="checkbox"/> D - Duty	<input type="checkbox"/> P - Police	<input type="checkbox"/> U - Unknown	<input type="checkbox"/> W - Water											

For Diagram see Sheet Four

Officer's Summary of What Happened _____
For Narrative see Sheet Four

Part Four (Indicate Environment Yield, Circle One Entry for Each Involved Unit)									
Unit 1	Concentrated Dwindle Effects	Scattered Sparsely	Dispersed	Abundant in Or Relictive To Wind	Material in Readiness (Indefinable)	Material Source	Character		
	1 - None	1 - Avail	1 - N/A	5 - Grand	1 - Not Available	1 - Straight - Level	6 - Curve - Open Side		
	2 - Step Edge Line	2 - Common	2 - Irre	2 - Roots	6 - OLF/PAHN	2 - Natural Environment	2 - Straight - Down Grade	7 - Curve - Up Grade	
Unit 2	2 - Step-Off High	3 - Other	4 - Shrub/Shrub	3 - Tree/Litter	7 - CRM	2 - Driven From Vehicle	3 - Straight - Up Grade	8 - Curve - Hillside	
	2 - Mixed Bottoms, Etc.	4 - Unpaved	5 - Shrub	4 - Scr	8 - Other	3 - Already In Read, Fin Shrub From Vehicle	4 - Straight - Hillside	9 - Curve - Level	
	6 - Other	8 - Other	No	No	No	No	No	No	
Vision Obscured By:									
1 - Sun Glare	10 - Blinded by Sunlight	1 - Police Officer	11 - Flagger	1 - RT	1 - One Lane				
1 - Windshield	11 - Fire/Ceiling	2 - R.R. Crossing Gates	12 - Dr Pending Zone	2 - Two Lanes	2 - Two Lanes				
2 - Signboard	12 - Dust	3 - R.R. Passing Lights	13 - State	3 - Three Lanes	3 - Three Lanes				
3 - Trees, Crops, Dashed	13 - Dimmed by Headlights	4 - R.R. Curve Backup/Tone, Mark	14 - Other	4 - Four Lanes	4 - Four Lanes				
4 - Draining Snow/Sand	14 - Enhance	5 - Pedestrian Control		5 - Five Lanes	5 - Five Lanes				
5 - Haze/Haze	15 - Rain on Windshield	6 - Traffic Signal		6 - Six Lanes or More	6 - Six Lanes or More				
6 - Clouds in Front	16 - Snow on Windshield	7 - Flashing Beacon		One-Way Street					
7 - Fog	17 - Other	8 - Stop Sign		Yes	Yes	Yes			
8 - Foreign Vehicle	18 - Unknown	9 - Yield Sign		No	No	No			
9 - Mirrored Vehicle(s)		10 - Lane Control Device		N/A	N/A	N/A			
Traffic Control:									
Drinking Lanes Requirement If:									
1 - None	1 - Police Officer	11 - Flagger	1 - RT	1 - One Lane					
2 - Driver Under	2 - R.R. Crossing Gates	12 - Dr Pending Zone	2 - Two Lanes	2 - Two Lanes					
3 - Unpaved Surfaces	3 - R.R. Passing Lights	13 - State	3 - Three Lanes	3 - Three Lanes					
4 - Human Painted Line	4 - R.R. Curve Backup/Tone, Mark	14 - Other	4 - Four Lanes	4 - Four Lanes					
5 - Road Painted Line	5 - Pedestrian Control		5 - Five Lanes	5 - Five Lanes					
6 - Curved Barrier	6 - Traffic Signal		6 - Six Lanes or More	6 - Six Lanes or More					
7 - Perman	7 - Flashing Beacon		One-Way Street						
8 - Yield Sign	8 - Stop Sign		Yes	Yes	Yes				
9 - Lane Control Device	9 - Yield Sign		No	No	No				
10 - Lane Control Device	10 - Lane Control Device		N/A	N/A	N/A				
DOT Required Protection No:									
Traffic Control:									
Puncturing:									
DOT Required Protection No:									
N/A									

Light	Weather	Locality	Non-Evacuation Property Damage	Emergency Response Details
1 - Daylight 2 - Dusk 3 - Dawn 4 - Darkness—Road 5 - Darkness—Road Lit	1 - Clear 2 - Cloudy 3 - Rain 4 - Snow 5 - Other	1 - Open Country 2 - Residential 3 - Shopping or Business 4 - Industrial	1 - None Visible 2 - Moderate 3 - Light	Road Sign Change Runoff Pt. Inlet of Tuna 1407 Coliseum St. 151408 Admit Montgomery, AL 360109 Telephone _____ Telephone _____
Type Patient Notified	Time Patient Arrived	Time EMS Arrived	Name of Paramedic	
1:29 AM MT	1:45 AM MT	1:35 AM MT	Tpr. H.Q. Frost	
Witnessed Full Name:	Address:			
Witnessed Full Name:	Address:			
Name of Investigating Officer:	Officer ID:		Report #:	
Tpr. H.Q. Frost	441		9570300	
Name of Office Investigating Officer in Person:	Officer ID:		Assignment #:	
Tpr. C. S. Hardy	455		9570300	
The data on this report represents my best knowledge, opinion and belief regarding the incident, but no warranty is made as to the factual accuracy thereof.				
Sign Name of Investigating Officer: H.Q. Frost Date 09-21-04				

¹² See also the discussion of the 'moral economy' in James Thompson's *Elements of Justice* (Cambridge, 1990), and the related discussion of the 'moral economy' in the *Textbook of Accuracy Theory*.

10. DATE ON THIS REPORT IS THAT OF THE DATE WHEN THIS INFORMATION WAS RECEIVED BY THE INVESTIGATING OFFICER
Date of Investigating Officer A.C. F. 6022

State of Florida

AST-27
REV. 1/70

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

SEATING	<p>Other Involved Unit (Circle One)</p> <p>12. Driver of Occupied Vehicle 14. Occupant of Non-Motorized Vehicle 15. Victim of Other Circumstances 16. Pedestrian</p> <p>Other Involved Unit (Circle One)</p> <p>13. Rider of Occupied Vehicle 14. Occupant of Non-Motorized Vehicle 15. Victim of Other Circumstances 16. Pedestrian</p> <p>Other Involved Unit (Circle One)</p> <p>17. Driver 18. Passenger 19. Pedestrian</p>										<p>Other Involved Unit (Circle One)</p> <p>13. Rider of Occupied Vehicle 14. Occupant of Non-Motorized Vehicle 15. Victim of Other Circumstances 16. Pedestrian</p> <p>Other Involved Unit (Circle One)</p> <p>17. Driver 18. Passenger 19. Pedestrian</p>										CODES	
																					Safety Equipment <input checked="" type="checkbox"/> Safety Belts <input type="checkbox"/> Air Bag <input type="checkbox"/> Child Restraints <input type="checkbox"/> Headrest <input type="checkbox"/> Side Impact Air Bag <input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Electronic Stability Control <input type="checkbox"/> Traction Control <input type="checkbox"/> Tire Pressure Monitoring System <input type="checkbox"/> Other	
VICTIMS	<p>Victim No. 215A381MNM Name Donald Gardner PO BOX 8 Elmore, AL Address Baptist South Relationship Hayes </p>										<p>Victim No. 215A261MNW Name Joey Peacock PO Box 8 Elmore, AL Address Baptist South Relationship Hayes </p>											
CODES	Heavy Type <input checked="" type="checkbox"/> X - VISIBLE <input type="checkbox"/> A - Visible or Environs from Scene <input type="checkbox"/> B - Injury/Abandon/Dwelling <input type="checkbox"/> C - Not Visible-No Peds/Fams					Light Type <input type="checkbox"/> D - VISIBLE <input type="checkbox"/> E - Environs <input type="checkbox"/> F - Injury/Abandon/Dwelling <input type="checkbox"/> G - Not Visible-No Peds/Fams					Material <input type="checkbox"/> H - Metal <input type="checkbox"/> I - Glass <input type="checkbox"/> J - Plastic <input type="checkbox"/> K - Rubber <input type="checkbox"/> L - Wood <input type="checkbox"/> M - Cloth <input type="checkbox"/> N - Paper <input type="checkbox"/> O - Painted Surface <input type="checkbox"/> P - Metal					First Aid By <input type="checkbox"/> Q - Paramedic <input type="checkbox"/> R - Doctor <input type="checkbox"/> S - Police <input type="checkbox"/> T - None						

For Diagram see sheet four

NARRATIVE AND DIAGRAM

Officer's Opinion of What Happened:

For narrative see sheet four

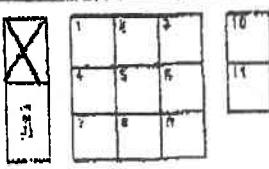
ROADWAY ENVIRONMENT	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit:										Character																					
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		Unit 1 Environment <input type="checkbox"/> 1 - Roads <input type="checkbox"/> 2 - Shoulder Line <input type="checkbox"/> 3 - Sheriden High <input type="checkbox"/> 4 - Helix, Curve, Etc. <input type="checkbox"/> 5 - Other		Unit 2 Environment <input type="checkbox"/> 1 - Roads <input type="checkbox"/> 2 - Concrete <input type="checkbox"/> 3 - Dirt <input type="checkbox"/> 4 - Gravel/Sand <input type="checkbox"/> 5 - Asphalt <input type="checkbox"/> 6 - Other		Condition <input type="checkbox"/> 1 - Good <input type="checkbox"/> 2 - Fair <input type="checkbox"/> 3 - Poor <input type="checkbox"/> 4 - Very Poor/Dirty		Condition <input type="checkbox"/> 1 - Dry <input type="checkbox"/> 2 - Wet <input type="checkbox"/> 3 - Dry <input type="checkbox"/> 4 - Damp/Slushy		Accidents In Re Related To Roads <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - Small <input type="checkbox"/> 3 - Large <input type="checkbox"/> 4 - Very Large		Material In Roadway (Distributions) <input type="checkbox"/> 1 - Stone <input type="checkbox"/> 2 - Asphalt <input type="checkbox"/> 3 - Tire/Tire <input type="checkbox"/> 4 - Other		Material Source <input type="checkbox"/> 1 - Natural Environment <input type="checkbox"/> 2 - Debris From Vehicle <input type="checkbox"/> 3 - Already In Road, Off <input type="checkbox"/> 4 - Other		<input type="checkbox"/> 1 - Daylight—Level <input type="checkbox"/> 2 - Straight—Down Grade <input type="checkbox"/> 3 - Daylight—Up Grade <input type="checkbox"/> 4 - Daylight—Inclined <input type="checkbox"/> 5 - Curve—(out)		<input type="checkbox"/> 6 - Curve—Down Grade <input type="checkbox"/> 7 - Curve—Up Grade <input type="checkbox"/> 8 - Curve—Inclined													
ROADWAY ENVIRONMENT	Vision Obscuring Obj. <input type="checkbox"/> A1 - 02 - Non Filtered <input type="checkbox"/> 1 - 1 - Rain <input type="checkbox"/> 2 - 2 - Fog <input type="checkbox"/> 3 - 3 - Trees, Grove, Bushes <input type="checkbox"/> 4 - 4 - Overhanging Growth/Plant <input type="checkbox"/> 5 - 5 - Hedges <input type="checkbox"/> 6 - 6 - Curve In Road <input type="checkbox"/> 7 - 7 - Fog <input type="checkbox"/> 8 - 8 - Parked Vehicles <input type="checkbox"/> 9 - 9 - Moving Vehicles										Traffic Control <input type="checkbox"/> 1 - Police Officer <input type="checkbox"/> 2 - A.R. Crossing Guard <input type="checkbox"/> 3 - A.R. Flashing Light <input type="checkbox"/> 4 - A.R. Coast Radio/Pma. Work <input type="checkbox"/> 5 - Pedestrian Control <input type="checkbox"/> 6 - Traffic Signal <input type="checkbox"/> 7 - Flashing Beacon <input type="checkbox"/> 8 - Stop Sign <input type="checkbox"/> 9 - Yield Sign <input type="checkbox"/> 10 - Lane Control Device										Opening Lanes Separated By: <input type="checkbox"/> 11 - 12 - Flagger <input type="checkbox"/> 12 - 13 - No Passing Zone <input type="checkbox"/> 13 - 14 - Home <input type="checkbox"/> 14 - 15 - Other		Traffic Control <input type="checkbox"/> 15 - 16 - No <input type="checkbox"/> 17 - 18 - N/A		Traffic Control <input type="checkbox"/> 19 - 20 - No <input type="checkbox"/> 21 - 22 - N/A		Traffic Control <input type="checkbox"/> 23 - 24 - No <input type="checkbox"/> 25 - 26 - N/A		Traffic Control <input type="checkbox"/> 27 - 28 - No <input type="checkbox"/> 29 - 30 - N/A		Traffic Control <input type="checkbox"/> 31 - 32 - No <input type="checkbox"/> 33 - 34 - N/A	
																					Traffic Control <input type="checkbox"/> 35 - 36 - No <input type="checkbox"/> 37 - 38 - N/A		Traffic Control <input type="checkbox"/> 39 - 40 - No <input type="checkbox"/> 41 - 42 - N/A		Traffic Control <input type="checkbox"/> 43 - 44 - No <input type="checkbox"/> 45 - 46 - N/A		Traffic Control <input type="checkbox"/> 47 - 48 - No <input type="checkbox"/> 49 - 50 - N/A		Traffic Control <input type="checkbox"/> 51 - 52 - No <input type="checkbox"/> 53 - 54 - N/A			
INVESTIGATOR	Light <input type="checkbox"/> 1 - Bright <input type="checkbox"/> 2 - Darkness—Road <input type="checkbox"/> 3 - Dark <input type="checkbox"/> 4 - Darkness—Road Lit <input type="checkbox"/> 5 - Darkness—Road Lit										Weather <input type="checkbox"/> 6 - Clear <input type="checkbox"/> 7 - Cloudy <input type="checkbox"/> 8 - Rain <input type="checkbox"/> 9 - Snow <input type="checkbox"/> 10 - Other										Area <input type="checkbox"/> 11 - Open Country <input type="checkbox"/> 12 - Residential <input type="checkbox"/> 13 -商业 <input type="checkbox"/> 14 - Industrial		Non-Vehicular Property Damage <input type="checkbox"/> 15 - None <input type="checkbox"/> 16 - Moderate <input type="checkbox"/> 17 - Severe		Present Damage Description <input type="checkbox"/> 18 - None <input type="checkbox"/> 19 - Minor <input type="checkbox"/> 20 - Moderate <input type="checkbox"/> 21 - Severe							
																					Decomposition <input type="checkbox"/> 22 - 23 - Slight <input type="checkbox"/> 24 - 25 - Moderate <input type="checkbox"/> 26 - 27 - Severe		Decomposition <input type="checkbox"/> 28 - 29 - Slight <input type="checkbox"/> 30 - 31 - Moderate <input type="checkbox"/> 32 - 33 - Severe									
INVESTIGATOR	Time Police Received <input type="checkbox"/> 34 - 1:29 AM <input type="checkbox"/> 35 - 1:45 AM <input type="checkbox"/> 36 - 1:50 AM <input type="checkbox"/> 37 - 1:55 AM										Time Police Arrived <input type="checkbox"/> 38 - 1:25 AM <input type="checkbox"/> 39 - 1:35 AM <input type="checkbox"/> 40 - 1:45 AM <input type="checkbox"/> 41 - 1:55 AM										Time EMS Arrived <input type="checkbox"/> 42 - 1:25 AM <input type="checkbox"/> 43 - 1:35 AM <input type="checkbox"/> 44 - 1:45 AM <input type="checkbox"/> 45 - 1:55 AM		Time Fire Department Arrived <input type="checkbox"/> 46 - 1:25 AM <input type="checkbox"/> 47 - 1:35 AM <input type="checkbox"/> 48 - 1:45 AM <input type="checkbox"/> 49 - 1:55 AM		Time Hospital Arrived <input type="checkbox"/> 50 - 1:25 AM <input type="checkbox"/> 51 - 1:35 AM <input type="checkbox"/> 52 - 1:45 AM <input type="checkbox"/> 53 - 1:55 AM							
																					Witness Full Name <input type="checkbox"/> 54 - NA <input type="checkbox"/> 55 - NA		Witness Full Name <input type="checkbox"/> 56 - NA <input type="checkbox"/> 57 - NA									
INVESTIGATOR	Name of Investigating Officer <input type="checkbox"/> 58 - Tpr. A.Q. Frost										Officer ID <input type="checkbox"/> 59 - 4461										Supervisor Name/ID <input type="checkbox"/> 60 - Tpr. A.Q. Frost											
																					Officer ID <input type="checkbox"/> 61 - 455		Supervisor Name/ID <input type="checkbox"/> 62 - Tpr. A.Q. Frost									
<p>The data on this report reflects my best knowledge, opinion and belief regarding this accident, but no warranty is made as to its technical accuracy thereto.</p> <p>Signature of Investigating Officer <u>A.Q. Frost</u></p>																																

Date 09-21-04

AGT-22
REV. 1/91

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

Shaded Areas In The Next 10 Days Priorities Only		Sheet 2 of 4 Step 3		Mobile No.		Local Zone No.	
LOCATION AND TIME	Date	Time	Day At Week	Driver City	Home	Highway Classification	
	09/21/2004	1:25 AM	W TH	03	<input checked="" type="checkbox"/>	Interstate	S - State
	Month Day Year	AM PM	AM PM	PM	<input type="checkbox"/>	Federal	M - Municipal
					<input type="checkbox"/>	Country	F - Private Prop
					<input type="checkbox"/>	Other	G - Other
On Street, Road or Highway		At Intersection of or Between (Node 1)		And (Node 2)			
US 231		nearinether Rd Montg. city limit					
5006		Sheet 1 of 2000 Road Code	8160	Route Code	5559	1 1 1st	First Run 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
Intersection Selected		With Post		Nodes		Highway Classification	
1 - Node 1 & Node 2		2 - Node 3		3 - Interchange		Interstate	
<input checked="" type="checkbox"/> One Im Selected		1 - Main Rd		4 - Entrance Area		S - State	
		2 - Freeway Rd		5 - Exit Ramp		M - Municipal	
		3 - Interchange		6 - Exit		F - Private Prop	
		4 - Entrance Area		7 - Toll Ramp		G - Other	
				8 - Off-Ramp			
				9 - On-Ramp			
				10 - Exit			
				11 - On-Ramp			
				12 - Off-Ramp			
				13 - Interchange			
				14 - Exit			
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				284 - Off-Ramp			

| SEATING | 
Caster Occupied Unit
(Circle One) <ul style="list-style-type: none"> 12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstances/
Unit Not Applicable Other Occupied
Safety Equipment

 | | | | | | | | | | Driver Occupied Unit
(Circle One) <ul style="list-style-type: none"> 16 - Driver of Domestic Animal 17 - Occ. of Non-Motorized Vehicle 18 - Victim of Other Circumstances/
Unit Not Applicable Other Occupied
Safety Equipment | | | | | | | | | | CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VICTIMS | Name: <u>Paul Laco PO BOX 8 Elmore, ID</u>
Address: <u>Baptist South</u>
Taken To: <u>Hughes Ambulance</u>

 | | | | | | | | | | Name: <u>Larry Lambert PO Box 8 Elmore, ID</u>
Address: <u>Baptist South</u>
Taken To: <u>Hughes Ambulance</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Injury Type:
X - Wound
R - Fracture/Breakage
A - Visible or Contact Items Found
O - Not Visible - Has Pain/Pain

 | | | | | How Found:
N - Body Partly
Y - Removed
A - Not Applicable | | | | | First Aid By:
A - Ambulance Attended
B - Paramedics
C - Other
D - Driver
E - Passenger
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| NARRATIVE AND DIAGRAM | <p>For Diagram see Sheet four</p> <p>FOR NARRATIVE SEE SHEET FIVE</p>

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| | Officer's Opinion of What Happened:

ROADWAY ENVIRONMENT <table border="1"> <thead> <tr> <th colspan="12">For Each Roadway Environment Plaza, Circle One Entry Inc Each Involved Unit</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>19</th> <th>20</th> <th>21</th> <th>22</th> <th>23</th> <th>24</th> <th>25</th> <th>26</th> <th>27</th> <th>28</th> <th>29</th> <th>30</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12">Vision Observed Day:</td> <td colspan="12">Traffic Control:</td> <td colspan="4">Opposite Lanes Separated By:</td> <td colspan="4">Roadway Lanes:</td> </tr> <tr> <td colspan="12"> 10 - Blinded by Sunlight
 11 - Flashbacks
 12 - Dust
 13 - Trees, Dept, Bushes
 14 - Headlight
 15 - Snow or Windshield
 16 - Haze
 17 - Trees in Road
 18 - Fog
 19 - Parked Vehicle
 20 - Moving Vehicle(s) </td> <td colspan="12"> 1 - Police Officer
 2 - P.R. Crossing Officer
 3 - P.R. Flashing Lights
 4 - P.R. Green Block/Any Mark
 5 - Pedestrian Control
 6 - Traffic Signal
 7 - Plotting Position
 8 - Stop Sign
 9 - Yield Sign
 10 - Lane Control Barrier </td> <td colspan="4"> 11 - Ranger
 12 - No Parking Zone
 13 - N/A
 14 - Solid Yellow Line
 15 - White Line
 16 - Median Guard Rail
 17 - Fence
 18 - Other Barrier </td> <td colspan="4"> 1 - One Lane
 2 - Two Lanes
 3 - Three Lanes
 4 - Four Lanes
 5 - Five Lanes
 6 - Six Lanes or More

 (One-Way Street) </td> </tr> <tr> <td colspan="12"></td> <td colspan="12"> 750 Yrd
 Traffic Control Conduciveness
 N/A N/A </td> <td colspan="4"> 1 - Open Surface
 2 - Impacted Surface
 3 - Gravel
 4 - Sand
 5 - Asphalt
 6 - Concrete
 7 - Soil
 8 - Other </td> <td colspan="4"> 1 - Dry
 2 - Wet
 3 - Muddy
 4 - Slushy
 5 - Oil/Water
 6 - Other </td> </tr> <tr> <td colspan="12"></td> <td colspan="12"> DOT Railroad Crossing No.

 1 - Yes
 2 - No </td> <td colspan="4"> 1 - Dry
 2 - Wet
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 5 - Oil/Water
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 2 - Wet
 3 - Muddy
 4 - Slushy
 5 - Oil/Water
 6 - Other </td> </tr> <tr> <td colspan="12"></td> <td colspan="12"></td> <td colspan="4"> 1 - Open Country
 2 - Residential
 3 - Sheds or Buildings
 4 - Wires or Utility Lines </td> <td colspan="4"> 1 - Residential
 2 - Commercial
 3 - Industrial
 4 - Other </td> </tr> <tr> <td colspan="12"></td> <td colspan="12"></td> <td colspan="4"> 1 - None
 2 - Light
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11 - Flashbacks
12 - Dust
13 - Trees, Dept, Bushes
14 - Headlight
15 - Snow or Windshield
16 - Haze
17 - Trees in Road
18 - Fog
19 - Parked Vehicle
20 - Moving Vehicle(s) | | | | | | | | | | | | 1 - Police Officer
2 - P.R. Crossing Officer
3 - P.R. Flashing Lights
4 - P.R. Green Block/Any Mark
5 - Pedestrian Control
6 - Traffic Signal
7 - Plotting Position
8 - Stop Sign
9 - Yield Sign
10 - Lane Control Barrier | | | | | | | | | | | | 11 - Ranger
12 - No Parking Zone
13 - N/A
14 - Solid Yellow Line
15 - White Line
16 - Median Guard Rail
17 - Fence
18 - Other Barrier | | | | 1 - One Lane
2 - Two Lanes
3 - Three Lanes
4 - Four Lanes
5 - Five Lanes
6 - Six Lanes or More

(One-Way Street) | | | | | | | | | | | | | | | | 750 Yrd
Traffic Control Conduciveness
N/A N/A | | | | | | | | | | | | 1 - Open Surface
2 - Impacted Surface
3 - Gravel
4 - Sand
5 - Asphalt
6 - Concrete
7 - Soil
8 - Other | | | | 1 - Dry
2 - Wet
3 - Muddy
4 - Slushy
5 - Oil/Water
6 - Other | | | | | | | | | | | | | | | | DOT Railroad Crossing No.

1 - Yes
2 - No | | | | | | | | | | | | 1 - Dry
2 - Wet
3 - Muddy
4 - Slushy
5 - Oil/Water
6 - Other | | | | 1 - Dry
2 - Wet
3 - Muddy
4 - Slushy
5 - Oil/Water
6 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 - Open Country
2 - Residential
3 - Sheds or Buildings
4 - Wires or Utility Lines | | | | 1 - Residential
2 - Commercial
3 - Industrial
4 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 - None
2 - Light
3 - Moderate
4 - Heavy | | | | 1 - Low
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 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vision Observed Day: |

 | | | | | | | | | | | Traffic Control: | | | | | | | | | | | | Opposite Lanes Separated By: | | | | Roadway Lanes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 - Blinded by Sunlight
11 - Flashbacks
12 - Dust
13 - Trees, Dept, Bushes
14 - Headlight
15 - Snow or Windshield
16 - Haze
17 - Trees in Road
18 - Fog
19 - Parked Vehicle
20 - Moving Vehicle(s) |

 | | | | | | | | | | | 1 - Police Officer
2 - P.R. Crossing Officer
3 - P.R. Flashing Lights
4 - P.R. Green Block/Any Mark
5 - Pedestrian Control
6 - Traffic Signal
7 - Plotting Position
8 - Stop Sign
9 - Yield Sign
10 - Lane Control Barrier | | | | | | | | | | | | 11 - Ranger
12 - No Parking Zone
13 - N/A
14 - Solid Yellow Line
15 - White Line
16 - Median Guard Rail
17 - Fence
18 - Other Barrier | | | | 1 - One Lane
2 - Two Lanes
3 - Three Lanes
4 - Four Lanes
5 - Five Lanes
6 - Six Lanes or More

(One-Way Street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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5 - Oil/Water
6 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | | | | | | | | | | DOT Railroad Crossing No.

1 - Yes
2 - No | | | | | | | | | | | | 1 - Dry
2 - Wet
3 - Muddy
4 - Slushy
5 - Oil/Water
6 - Other | | | | 1 - Dry
2 - Wet
3 - Muddy
4 - Slushy
5 - Oil/Water
6 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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2 - Residential
3 - Sheds or Buildings
4 - Wires or Utility Lines | | | | 1 - Residential
2 - Commercial
3 - Industrial
4 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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2 - Light
3 - Moderate
4 - Heavy | | | | 1 - Low
2 - Medium
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ALABAMA

5525900

UNIFORM TRAFFIC ACCIDENT REPORT

LOCAL CASE NO.

SHEET 4 OF 4 SHEET(S)

AST No. 34 Rev. 4/08

SUPPLEMENTAL SHEET

Unit No.	Street Name	Injury Type	Age	Sex	Empl. Status	First Aid By
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3	Marcus Jackson PO BOX 8 Elmore, AL Taken to Baptist South	Address Taken by Haynes Ambulance	2 15 A 25 M N M
4	Marvin Nation PO Box 8 Elmore, AL	Address Taken by Haynes Ambulance	2 15 A 38 M N M
5	Douglas Thompson PO Box 8 Elmore, AL Taken to Baptist South	Address Taken by Haynes Ambulance	3 12 A 39 M A M
6	Douglas Spears PO Box 8 Elmore, AL Taken to Baptist South	Address Taken by Haynes Ambulance	4 12 A 27 M A M
7	Name	Address	
8	Name	Address	
9	Name	Address	
10	Name	Address	
11	Name	Address	
12	Name	Address	

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

Unit #1 was north bound on US 231 when it ran off the right edge of the roadway and struck a road sign (164 mile marker). The vehicle traveled approximately 104 feet on the shoulder of the roadway before striking Unit #2.

Unit #2, an Alabama Department of Corrections van occupied by a driver and 6 state of Alabama prison inmates, was parked on the north bound shoulder of US 231.

Two other state inmates (Units 3 and 4) standing next to Unit #2 were also injured by the collision.

The driver of Unit #1 stated all he remembered was driving on US 231, then waking up sitting in a field. The driver further stated he knew he had hit something but he didn't know what.

ADDITIONAL NARRATIVE SPACE

